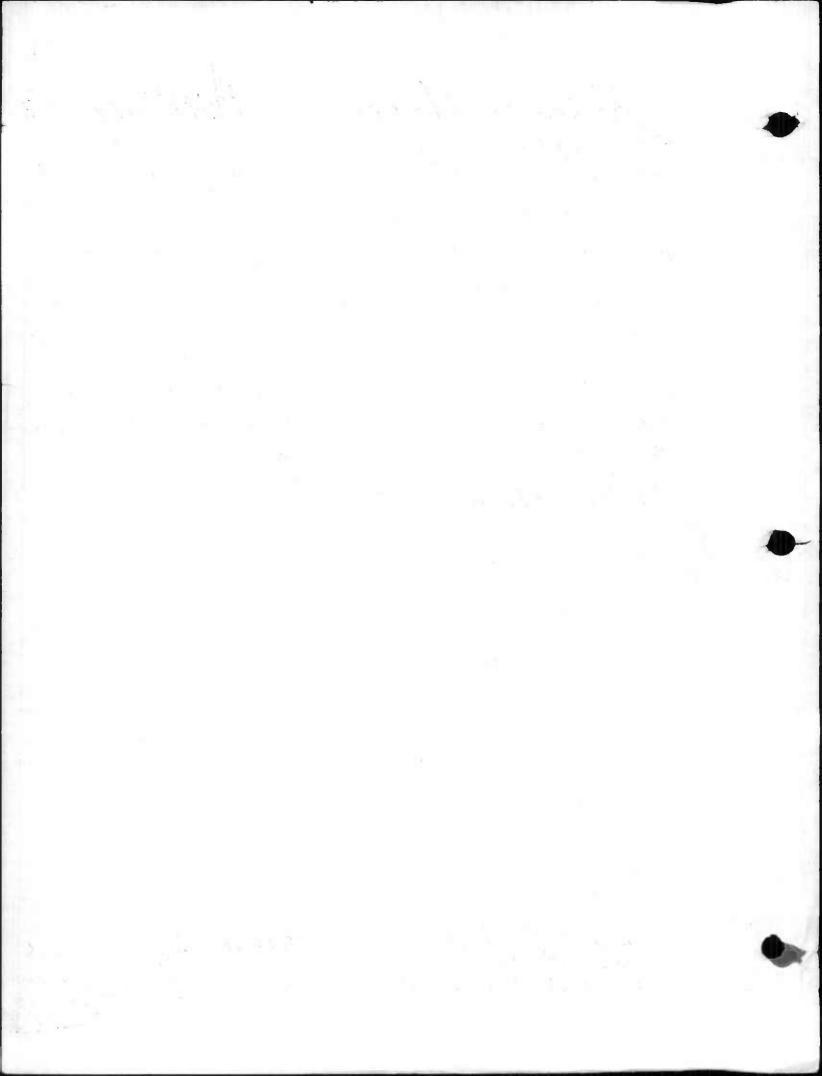
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (Figst, Middle, Last) **Physician** /Medical 4c. County of Deeth 4e. Facility with me (if not institution, give street end number) 4b. City, Town, or Location Examiner NIA nes OSPI 5. Sociel Security Number If Under 1 Year | if Under 24 Hrs. 8. Sex 7. Age (In yrs, lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** 1 M 200 F Months Deys 072-16-7039 ma Director 22,1916 lay Usuei Residence of Decedent filed within 72 hours after death with the Maryland 10a. Stete 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Ineide City Limits 1 Nes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? U.S Vertin dl Funeral 12. Wes Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. 11. Meritei Stetus 1 Never Married 2 Merried 1□Yes 218No Specify: Black Saltimore, Maryland 21215-0020 Specify: þ 3 ☐ Widowed 4 ₺ Divorced Completed Decedent's Usuel Occupetion
(Give kind of work done during most of working life. DO NOT use retired)

If the contract of working life. 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry School pernit. Pages 1 and 2 should be filed withir Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than any Injury or other traumatic event. In a least or the state of the sta Coilege (1-4or 5+) Elementary/Secondery (0-12) Balto City Public leacher 5 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Ohn 2 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3310 - nephew Merle Wal Brook le 20b. Plece of Disposition (Name of cemetery, cremetory or other p 20e. Method of Disposition Dete 20c. Location - City or Town, Stata 8/9/96 Buriel 2 Cremetion 3 Removel from Stete Balto butus Mem 4 □ Donetlon 5 □ Other (Specify) 22. Neme end Address of Fecility 21. Signature of Fuseral Service Licenses west H 300 Wabas 5 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediate Cause (Final diseese or condition resulting in deeth) /Medical Examiner burial-transit Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last and Due to (or es e consequence of): P.O. Box 68760. signed by the attending physician I be detached for use as the buria 8 Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 40 3 Probably 4 Unknown Division of Vital Records, by 24b. Were autopsy findings evailable prior to completion of cause of deeth? Completed 24a. Wes an eutopsy 1 Yes 2 2 100 1 ☐ Yes 2 ☐ No 25. Was case reterred to medical examiner? Be 26. Place of Death (Check only one) Hospitei: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 10 1 Yes 2 No 2 ☐ ER/Outpetient 3 ☐ DOA this funeral 27. Menner of Deeth 1 Pinetural 28a. Dete of Injury To the Fuspital or Attending Pt within 24 hours after death.
To the Funeral Director: After the completely filled in by the funera 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how Injury occurred After 5 Pending Investigation 1 Yes 2 🗆 No 2 Accident 8 Could not be determined 3 ☐ Suicide 28e. Piece of Injury - At home, ferm, street, tectory, office building, etc. (Specify) 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homleide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated. 29e. Certifier Medical (Check only 29b. Signature and title of pertifier 29c. License number 29d. Dete signed (Month, Dey, Year) who comp Cholyolat Dr. Ellicott City UKE 32 Aegistrer's Signeture 31. Date tiled (Month, Day, Year) maryland State Registrar AUG 0 81996

DHMH 16 Rev 6/95



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlai, cremation, or removal.

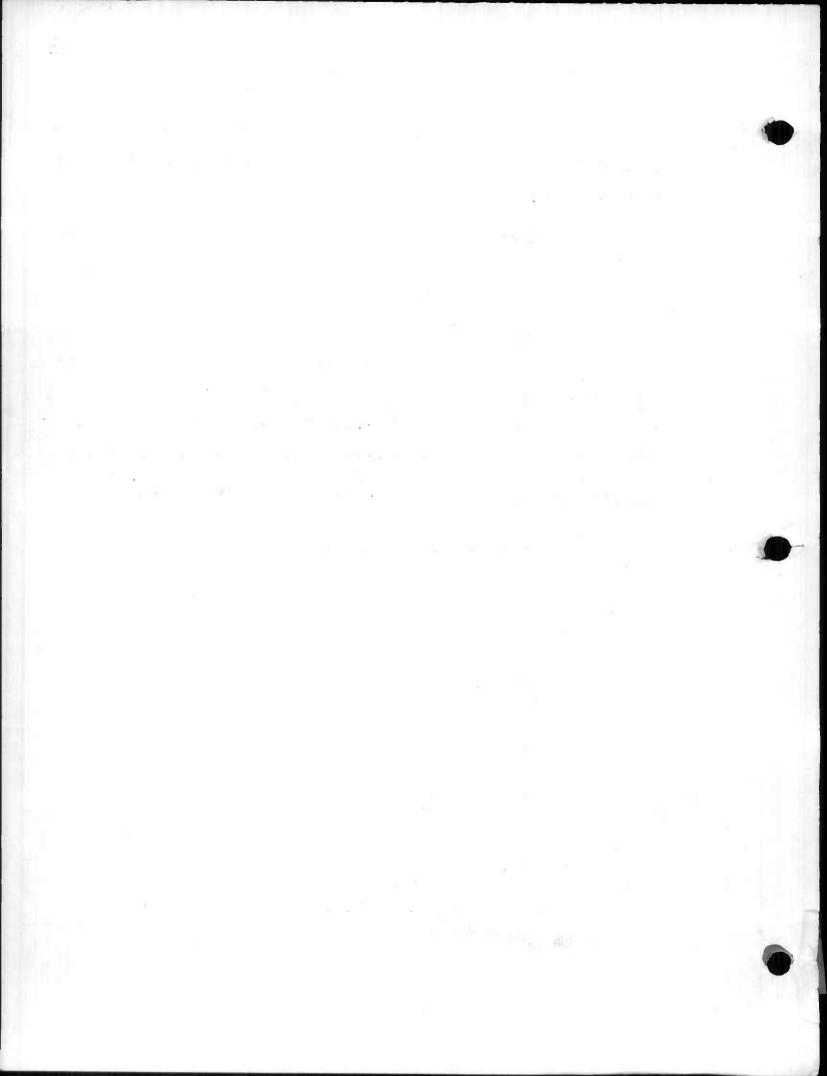
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1	-	FOR STATE REGISTRAR
		FOED FAITING MAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICAIL	Ur	DEATH		REG. NO.				
1	1. DECEDENT'S NAME (FIRST, Berni		Laur	а Н	ouk				MONT	of OEATH	et 9	YEAR	3. TIME OF	OEATH
-1	4. SOCIAL SECURITY NUME		5. SEX		s. lest birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.		OF BIRTH		_		e or Foreian
1	216-32-01	03	1 🗆 M 2 🔀 F	88	YRS.	MONTHS	DAYS	HOURS MIN.	(Mon	h, Day, Year) 11y10t	h08	Ma	ryla	
	9a. FACILITY NAME (If not in	stitution, give a	treet and number)			9b. CITY,	TOWN C	OR LOCATION OF	DEATH		9c. COUNT	Y OF DE	EATH	
DINFOLOR	Bel Fores	t Nu:	rsing a	nd Re	hab C	tr	F	Bel Air				Har	ford	1
	RESIDENCE OF DEC	EDENT												
	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	TON					10d. INSID	
	MD	Ba:	ltimore			Balt	imo	re					1 YES	2 XNO
	10e. STREET AND NUMBER						101	. ZIP CODE			10g. CITIZI	EN OF W	HAT COUN	TRY?
	2825 F1	rida	Avenue					21227	7		U	SA		
	11. MARITAL STATUS		12. WAS DECEDEN					ENDENT OF HISP			or No — 1	4. RACE	— America	in Indian,
	1 Never Married 2		FORCES? 1					ecify Cuban, Mexi- 2 XNO Spec		Rican, etc.)		Specif	, White, atc	
	3 X Widowed 4 Divo	rced						-41					Whi	Lte
	15. DEC	EDENT'S EDU	CATION	16:	e. DECEDENT'S	USUAL OC	CUPATIO	ON	16	. KIND OF BUS	INESS/INDU	STRY		
	Elementary/Secondary (College (1-4 or 5	+)	life. Do NOT us	se retired.)	runny mu	si oi worning						
	11				Retd	Sten	10/0	clerk t	ypis	t	Ko	ppe	rs (Co.
	17. FATHER'S NAME (First, N	liddle, Last)						18. MOTHER'S N	AME (First,	Middle, Malden	Surname)			
	Arthu	r Tri	mner					Ac	la Ad	lams				
	19a, INFORMANT'S NAME (прег		19b. MAILING	ADDRESS	(Street a	and Number or Run			n. Steta. Zip C	Code)		
	Mrs.Lois	I a u le	Dojohor	a				lette I					Md	21050
	20a METHOD OF DISPOSIT		Relchar	1 1 1 1 1					DA		CATION — CI			. 2105
	1 Burial 2 Crematic	n 3 🗆 🌬	novel from State	cemeter	y, cremetory or o	ther plece)	THONING	eme or						MD
	4 ☐ Donetion 6 J Dither		A	Met	ro Cr	_				1-96 (MD
	21. SIGNATURE OF FUREIN	17	n //			Mo	core a	T TYPEFUR	eral	Home o	f Bro	okly	/n	
	1/4 Cano	1.12	Vinib			237	7 Ea	st Pata	psco	Ave.	Balto	. , 1	ND.	21225
	23. PART I. Enter the d	iseases, or	complications the	at ceueed th	e death. Do r	not enter	the mo	de of dving, as	ich aa cai	diac or reapi	ratory arra	at.	App	roximata
1	ahock or h	aart fallure.	4 only one car	use on aach	line.								Inte	rval Between
	IMMEDIATE CAUSE (Fi	nal (, n		1 -1 - 4			P					Ons	et and Death
	reaulting in deeth)	→	8		lzhei		S .	rype					10	yrs
			DUE TO	OR AS A CO	INSEQUENCE O	IF):								
	Sequentially list condit	lona	b											
	if any, leading to imme	diate	OUE TO	OR AS A CO	INSEQUENCE O	IF):								
	cause. Enter UNDERLY CAUSE (Disease or Inju		c											
	that initiated events resulting in death) LAS	T	OUE TO	OR AS A CO	INSEQUENCE O	IF):								
	resolung in death) LAS		d											
	PART II. Other algoritics	ent condition	ne contribution to	death but	not regulting	in the un	dorlule	a cause alven	n Part I	24a. WAS AN	AUTOREV	245	WEDE AUT	OPSY FINDINGS
	TAIT II. Other aignine	III CONDITION			not readiting	III (III UI	outym	g couse given	mr. mart v.	PERFOR		240.	AVAILABLE	PRIOR TO
			Diabe	tes						1 TYES 2	XNO		OF DEATH	ON OF CAUSE
													1 TYES	2 NO
	DID TOBACCO L	ISE CONT	RIBUTE TO CA	AUSE OF I	DEATH YE	ES 🗌 I	NO [UNCERTA	IN 🗆					-
	25. WAS CASE REFERRED	O MEDICAL		28.	PLACE OF DEA	TH (Check	only one)							
	EXAMINER?		HOSPITAL:	☐ ER/Outpatie	nt 3 🗆 DOA	OTHER 4 G Nur		ne 5 🗆 Raaldeno	e 6 □ Ott	er (Specify)				
	27. MANNER OF DEATH		28a. DATE O	FINJURY	26b. TIM	IE OF	28c, IN.	JURY AT		SCRIBE HOW I	NJURY OCC	URED		
. [Natural 5	Pending	N A	Day, Year)		A M		YES 2 XNO		NA				
	2 Accident	investigation			At home, tarm,		tory, offic		281, LO	CATION (Street I	and Number o	or Rural F	Route Numbe	er.
	3 Suicide 8 1	Could not be determined	building	, atc. (Specify)	NA				CH	NA State)				
	29a. CERTIFIER													
	(Check only		SICIAN: To the best o											
	2 XMEE	ICAL EXAMIN	ER: On the basis of	examination ar	nd/or investigation	on, in my c	opinion,	death occured at t	he time, de	is and place, ar	d due to the	Canse(s) and mann	ner as stated.
	29b. SIGNATURE AND TITL	OF GERTIFIE	ER 4					29c. LICENSE N	UMBER		29d. DATE	SIGNED	(Month, De	y, Ybar)
П	games	Mr	an	~ .	DME			OCME			► A	ug	1st	1996
2	30. NAME AND ADDRESS C	F PERSON WI	HO COMPLETED CAL	JSE OF OEATH	(ITEM 27) (Type	e, Print)_				0.4.0				
	G.S. Prab	hu M.	D. 1810	Bel	Air R	ld Fa	a11:	ston M	D.21	047	410-8	379-	-656	4
1	31. DATE FILEO (Month. Day	Year L	Alterior	ARID SIGNA	ardall			-				-	-	
	31. DATE FILEO (Month, Day, AUG 0	8 1996	ALUX WI	WASHINGTON,										
	AUUU	3	ч						-					



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Death Month **Physician** WILBUR, LINSLEY, SR. 30 96 5:45 PM JULY /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner BALTIMORE SAINT JOSEPH MEDICAL CENTER TOWSON, MD If Under 1 Yeer | If Under 24 Hrs. 8. Dete of Birth (Month, Dey, 9. Birthplece (Stete or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** DE M 2DF Months Deys Yrs. Director 213 09 3313 80 Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. fnside City Limits 28a-f show the Medical Examiner must be notified at 1 ☐ Yes 2 No Director MARIANO BALLIMORE 10f. Zip Code 10e. Street end Number 10g. Citizen of Whet Country? 6 CANTERBERRY 23a U.S.A 21234 2628 KOA death Funeral Heme 2 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 11. Meritel Stetus Pages 1 and 2 should be filed within 72 hours after of the of Heelth and Mental Hygiene. nt: If them 27 is marked other than "natural", or his 1 ☐ Never Merried Z Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: þ ETIHEN 3 □ Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Bueiness/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) BETHLEHEM 8XBS 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be HEARING HT103 WILLIAM INCLES 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2/043 ROAD If item 27 i 2302 WUTHERING GERALO N. Incles 20c. Location - City or Town, Stete 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Aug 5 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete PARKWOOD PARKVILLS 4 ☐ Donetion 5 ☐ Other (Specify) 1996 21. Signature of Funeral Service Liqu 22. Name and Address of Facility

EVAN CHANLOT EMORIE ROAD 8800 HARFORD 23a. Pert1. Enter the disease, or complication. That saused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate fnterval Between Onset and Deeth **Physician** /Medical Immediate Cause (Fine) diseese or condition resulting in deeth) 1 DAY • ACUTE STROKE Examiner Due to (or es e consequence of): Examiner physician and s the bunal-transit The lew requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Due to (or es e consequence of): 98 attending p 950 Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco use contribute to the cause of death? ed by 1 ☐ Yes 25 No 3 ☐ Probably 4 ☐ Unknown Records. à s been signe should be Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? page 2 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: director, 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) Hospitel: 1 fnpatient 2 ER/Outpetient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 this 28a. Dete of Injury (Month, Dey Year) funeral 27. Menner of Deeth Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After 1X Neturel 5 Pending s after death.

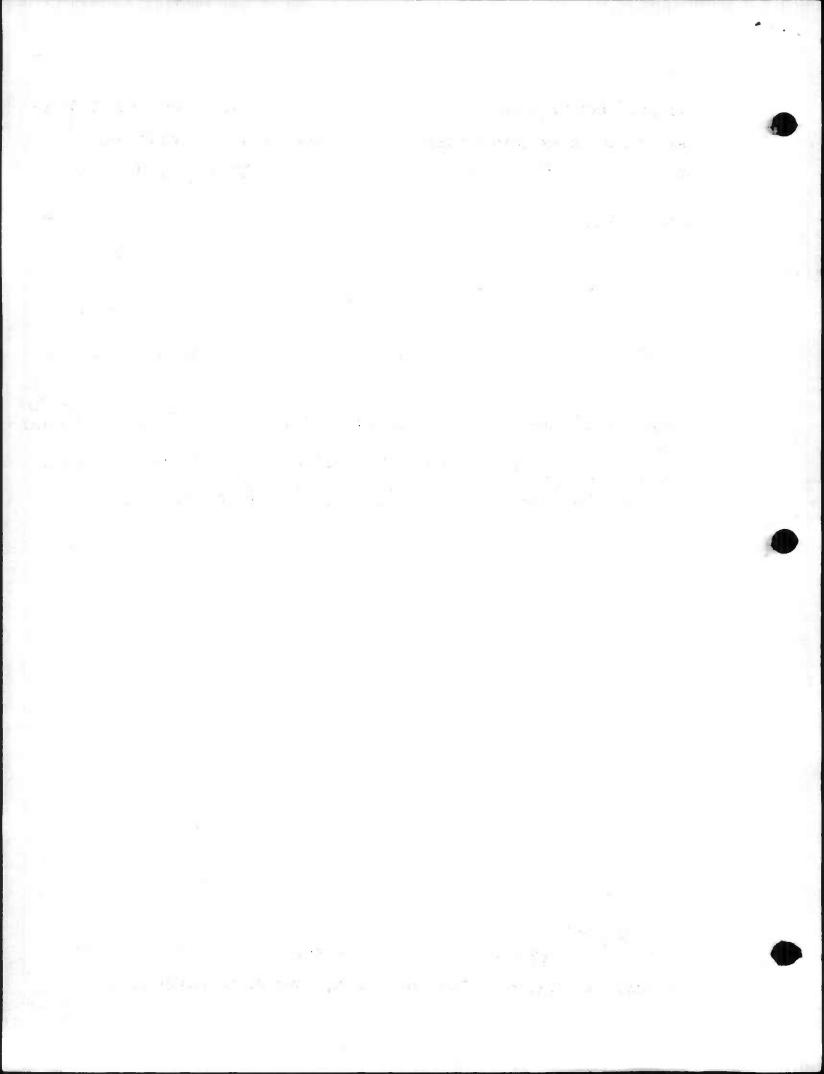
I Director: Af investigetion 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homicide 24 hours TSC Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pieca, and due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end pieca, end due to the cause(s) and menner stated. 29e. Certifier Medical completely (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) D-12849

State Registrar

HAMID GHIADI, M.D. 7620 YORK ROAD, TOWSON, MARYLAND 21204 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture

ul Navidson-Randelle AUG 0 8 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death July Day Yaar **Physician** Thomas Wardoll 30, Ivery, Jr. 1996 11:00 a.m /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 110 81st Street Ocean City Worcester If Under 1 Year Months Days 5. Social Sacurity Number 7. Aga (In vrs. last birthday) If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Funeral 1 N 2 F Hours 218-44-3042 Director Oct. 12, 1946 Maryland Usual Rasidance of Decadant deeth with the Maryland 10a Stata 10h County 10c. City. Town or Location Show 10d. Insida City Limits item 27 is marked other than "natural", or itema 23a or 28a-f show other treumstic evant, the Medical Examiner must be notified at Maryland Worcester Ocean Citu 1 Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 110 81st Street 21842 U.S.A. Funeral 11 Marital Status 12. Was Decedant Evar In U.S. Armed Forcas? 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indian Biack, Whita, atc. permit. Peges 1 end 2 should be filed within 72 hours efter Deperment of Health end Mentel Hyglene. Important: If flem 27 is marked other than "natural", or feel any injury or other traument. 1 Navar Married 2 Married 1 ☐ Yas 2 ☐ No If Yas, Giva Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Black 3 Widowed 4 Divorced Yaar or Datas: Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Coilega (1-4or 5+) 9th Disabled none 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be 2 Thomas Ivery Cora Watkins 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Raiationship (Type, Print) 110 81st Street-Ocean City, Maryland Jean Marie Ivery/Wife 20a. Mathod of Disposition 20b. Place of Disposition (Nama of 20c. Location - City or Town, Stata cematary, cramatory or other placa) 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☑ Donation 5 ☐ Othar (Specify) 21. Signature of Buneral Royald S 22. Nama and Address of Facility State Anatomy Board-655 W. Baltimore Street S. Wade. Baltimore, Maryland 21201-1559 23a. Part 1. Entar tha disease, or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or respiretory arrast, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death **Physician** Immediate Ceusa (Final disease or condition resulting in death) /Medical Chronic Obstructive Pulmonary Examiner Due to (or as a consequanca of): Examiner Giant bullous disease, emphysena attending physician and for use as the burial-trensit Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaesa or Injury Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760. 8 Physician/Medical that initiated evants rasulting in daath) Last Dua to (or as a consequence of) Pert II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? signed by ti 3 Probably 4 ⊠Unknown 1 ☐ Yss 2 ☐ No þ 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 Yas 2 PNo 1 Yas 2 No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certified 25. Was casa raferred to medical axaminar? Be 26. Placa of Death (Check only one) Hospital: Othar: 4☐ Nursing Homa 5 ■ Rasidance 6 ☐ Othar (Specify) 2 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how Injury occurred Certification: 5 Panding invastigation 1 P Natural 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datamined 3 ☐ Suicide 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, State) À 4 Homlcide Descertifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated. Medical 29a. Cartifiar pletely (Check only one) 29b. Signatura and title of certifiar 29d. Data signed (Month, Day, Year) 29c. Licansa number 08/07/96 D3255 30. Name and eddress of person who completed cause of daath (Itam 23e) (Type, Print) Belto. HD 21201-1192 MD School of Hed, PINE ST, RM8-00 Unn. of Kubi N 10 5

State Registrar 31. Data filed (Month, Day, Year)
AUG 0 8 1996



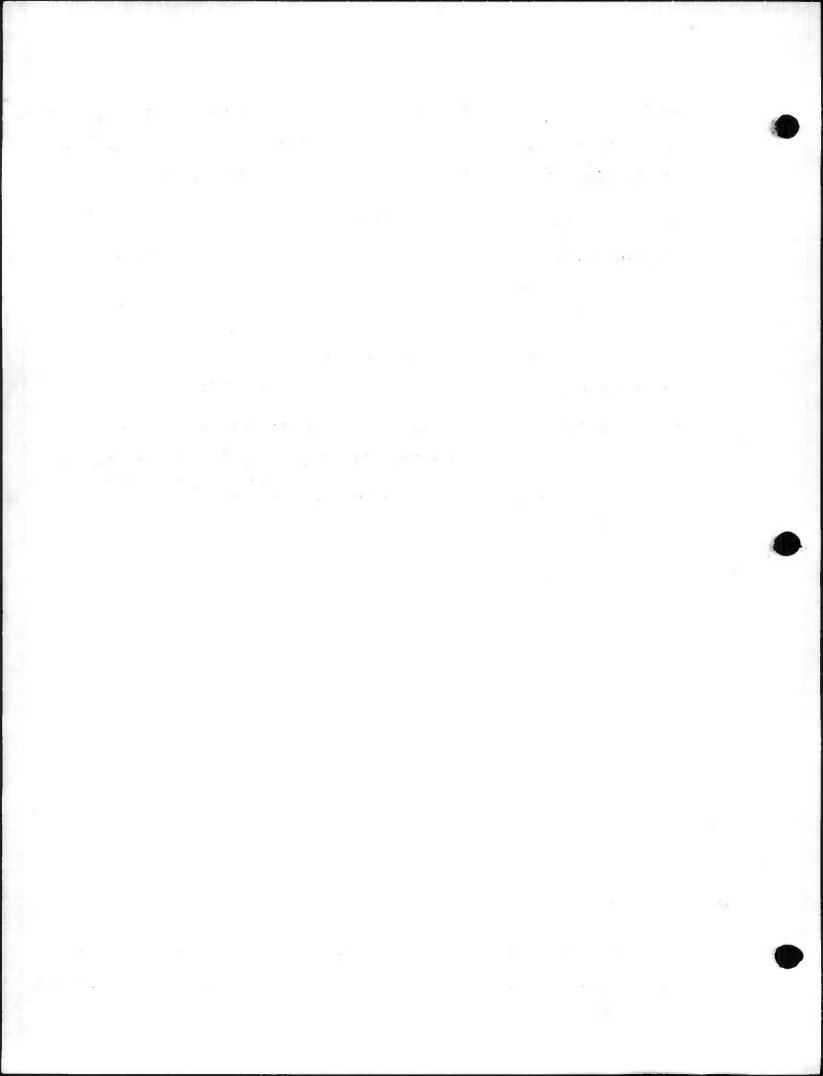
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State of Maryland / Department of Health and Mental Hygiene

						Certifica	ate of	Death		Reg. No.			
			1. Decedent's Neme (First, Middle,	Last)					2. Date of D	Death	211-	3. Time of	Death
	Physic		JOHN		JACKS	ON			Month	Day	Yeer	0 00	
7	/Medi		4e. Facility Name (If not institution,	nive street and number)	Oneno	014		4h City Town	AUGUS'		196	2:30	A.M.
ji.	Exami	ner		CONTRACTOR OF ACTIVE									
_			3652 CAMPFIELI 5. Social Security Number		. (to to a t	tabara H. H. Ho	der 1 Yeer	N/A If Under 24	Hen la militar		BALTI		
	Funeral			Sex 7. Age 1x5xM 2□ F	e (In yrs. lest t	Yrs. Month		Hours	Min. (Month, I	Day, Year)	Coun	elece (State o	or Foreign
	Director		065-16-8752	222	79	113.			JAN	1, 1917	V	A	
	pur a		Usuel Residence of Decedent 10a. State 10b. County		10c City To	wn or Location							1. 1. 4.
	sho sho	_	Too. Goding		100. Oily, 10	WIT OF LOCATION					11	Od. Inside Ci	
	N T	5	MD N/	'A		BAL	TIMO	RE				XIXYes	2 LJ No
	# P P	Director	10e. Street and Number			10f.	Zip Code			10g. Citizen of	What Coun	itry?	
	filed within 72 hours effer death with the Meryland Hygiene. Ither then "natural", or Kerns 23a or 28e-f show ant, the Mexical Exeminer must be notified at	100	1519 STONEWOOD	RD			212	39		U.S	. A.		
	deat	Funeral	11. Meritel Stetus	12. Wes Decedent B	ever in U,S.	13. Wes De	cedent of I	Ilspanic Origin	? (Specify Yes or N	No- 14. Ra	ce - Americ	an Indien.	
	fler F a	Ē	1 Never Married 2 Merrie	Armed Forcas?	0 1942	If Yes, s	pecify Cub	en, Mexican, F	uerto Rican, etc.)	Bla	ick, White,	etc.	
ž	o STI	by	3 10 Widowed 4 □ Divorced	1 Yes 2 N If Yes, Give Year or Detes:	-46	1 🗆 Yes	20 No	Specify:		Specia	fy: BL	ACK	
ŏ	the the	8	15. Decedent's			a. Decedent's U	eual Occur	netion		16b. Kind of B	luelpace/lac	duates	
21215-0020	n 7	Completed	(Specify only highest	grade completed)		(Give kind of	work done	during most of	f working	TOD. TOTAL OF E	idaii leaa/iric	lustry	
12	d within piene. r then	Ē	Elementery/Secondary (0-12)	College (1-4or 5							NT /-		
7	Hygid Hygid Ther	ပိ	9th 17. Father'a Name (First, Middle, La	N/A		UNEMPL	OYEL		Alama (Mars said		N./a		
E S	\$ 5 5 5 \$ 5 5 5	Be		31/					Name (First, Midd		me)		
Š	should be nd Mentel marked c	မ	JOHN JACKSON					MA	RY JONE:	5			
Maryland	and and in man		19a. Informant's Name/Relationship	(Type, Print)	19	b. Mailing Addr	ess (Street	and Number of	or Rural Route Num	ber, City or Town	, State, Zip	Code)	
	D 5 1 2		MAE WESTMORELA	AND	1	519 ST	ONEW	OOD_R	D BALTO	, MD 21	239		
ore.	of He		20a. Method of Disposition			of Disposition (f		ce)	Date	20c. Location	- City or To	wn, Stete	
Ĕ	Pages nent of h int: if he iny or of		Burial 2 Cremation 3 4 Donetlon 5 Other (Spe			ISON F			AUG 7	WINCE	MTTT	c MI	
altimore,	4575		21. Signature of Funeral Service Like					on of English	1000	OWINGS			,
Ba	Depariment in post in		144.	1						UNERAL			
			arised	Della					NE ST B		ID 21	213	
			23e. Part1. Enter the disease, or co shock, or heart feilure. List or	mplicetions that caused by one cause on each lin	the deeth. Do	not enter the m	node of dyl	ng, such as ca	rdiac or respiratory	arrest,	- 1	Approximat Interval Bet	a ween
1	Physician	1										Onset end [Death
7	/Medical		Immediete Cause (Final disease or condition	- NOW -	SMAL	L CÉL	L	UN (c	CANCER			2 Y 2	EARS
	Examiner		resulting in death)	а.		a consequence of			Citiocetta				
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	certificate be executed ding physicien end se es the burlel-transit	Examiner	Convention the Hot accordistance	■ b	Due to for ess	a consequence o					+		
,	n en iel-tr	Exa	Sequentially list conditions, if eny, leading to immediate	,	Jue to (or as a	consequence c	וין.				1		
68760,	sicie bur		cause. Enter Underlying Cause (Disease or Injury thet initiated events	C									
200	phy phy the	edical	resulting in death) Lest		Due to (or as a	consequence o	of):						
×	pertifica nding pt use es t	Š		d									
	death o										t		
o.	0 0 0	Physician	Part II. Other significant conditions	contributing to death bu	t not resulting	In the underlying	g cause giv	en in Part I.	23b. Die	d tobacco use co	ontribute to	the cause o	of death?
7	law requires thet the es been signed by the 2 should be detache	F.							10	Yes 2 No	3 Prob	pably 4	Unknown
Ś	and de de	by											
Hecords,	v require been sig should t									s an autopsy	24b. We	ere autopsy f	indings
္ပ	sho sho	et							per	formed?	COL	alleble prior to mpletion of cideeth?	ause
9	0 5 6	Completed									Of C	100(1)	
=	cate h								10	Yes 2 No	1 🗆	Yes 2	No
VItal	Attending Physician: The releath. sector: After this certificate by the funeral director, par	Be	25. Was case referred to medical examiner?	11-25-4			- 1-		Deeth (Check only	one)			
0	this o	2	1 Yes 2 No	Hospital: 1 Inpatier	nt 2 ER/C	Outpatient 3	DOA Oth	ner: 4□ Nursi	ng Home 5 🗷 Re	sidence 8 🗆 Ott	ner (Specify	1)	
_	ding Ph h. After th funeral	Ë	27. Manner of Death 1 ☑ Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Day	Year) 28b.	Time of Injury	28c. Injui Wor	y at	28d. Describe	how Injury occur	rred		
0	uttendir death. ctor: Al y the fu	atic	2 Accident investigat			M		Yes 2 ☐ No					
DIVISION	or Attendedited of the designation of the designati	1	3 ☐ Sulcide 6 ☐ Could not determine	200. Place of inju	ry - At home, i	lerm, street, fact	ory, offica		28f. Location	(Street and Numi	ber or Rura	Route Num	ber,
בֿ	Die effe	Certification:	4 LI Hornidae	building, efc.	(Specity)				City of 1	own, Stete)			
	Hospital 24 hours Funeral stely filled	<u>a</u>	29a. Certifier 12 Certifying I	Physician: To the best of	f my knowledd	e, death occurre	ed at the tir	ne, date and n	place, and due to the	e cause(s) and m	anner es et	ated	
	the Hospital or At hin 24 hours efter of the Funeral Direct Inpletely filled in by	edical	(Check only 2 Medical Ex	aminer: On the basis of	examinetion e	nd/or Investigati	on, in my o	pinion, death	occurred at the time	, date and place,	and due to	the cause(s)
	5 5 5 5	M	29b. Signature end title of certifier	and mainer stat			29c. Licens	a numbor		29d. Dete signe	od /Adonth 1	Day Voor	
	9 1 2 8		2	(.		1	D						
	1	Į	1 to 1 long a	Jun			U4-	1778		08.	07.	96	
	3,1x		30. Name and address of person wh	o completed cause of de	ath (Item 23a)	(Type, Print)							
	101]	B DOJGLAG	JMIDH.	6000	/ WOL	FE S'	T	BACTIA	con E	MD	2121	87
	Sta	te	31. Date filed (Month, Day Year) AUG 08 1996	30 Holden fra	Shiraure								
	Registr	ar	AUG 08 1990 0	/									



IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	Middle, Last)	Gl	en			Knap	p			2. DATE OF	t 04	1 996	YEAR	3. TIME OF DEATH 3:00 P
	4. SOCIAL SECURITY NUME 009-05-140		5. SEX	6. AGE (III	in yrs. lest i	- "	F UNDER 1 Y	EAR AY8	IF UNDER	24 HRS. MIN.	7. DATE OF	BIRTH Day, (ber)	91.7	a. BIRTI	IPLACE (State or Foreign
E	9a. FACILITY NAME (# not in Stella M	stitution, give st	reet end number)				b. CITY, TO			ON OF DI		1 0,1.	9c. COU	NTY OF C	PEATH
6	RESIDENCE OF DEC		озртсс				10"	501						4 1 6 11	NOI C
DIRECTOR	100. STATE Maryland	10b. COUNTY	imore			10c. CITY, T	WSON	.OCAT	ION	_					10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	lanev	Valley F	heo?				101	ZIP CODI	E 204			10g. CIT	U.S.	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	Merried	12. WAS DECEDED FORCES? IF YES, GIVE	IT EVER IN	U.S. ARM 2 NO	ED)	If y	16, sp	ENDENT C	OF HISPAI	NIC ORIGIN? in, Puerto Rid y:		or No—	14. RAC	E — American Indian, k, White, etc.
COMPLETED	15. DEC (Specify onl Elementary/Secondery (0	EDENT'S EDUC y highest grade 0-12)	CATION completed) College (1-4 or 5	+)	(Give	EDENT'S US to kind of wor Do NOT use r	k done duri etired.)	IPATIC ng mo	DN st of workin	ng	16b. ř	Lav		DUSTRY	
	17. FATHER'S NAME (Flist, M Earl	liddle, Last)	Knapp							HER'S NA	ME (First, Mi		Sumeme)		
TO BE	199. INFORMANT'S NAME (1 Nancy Knapp		ghter			MAILING AI 05 Br					Arnolo				1012
	20e. METHOD OF DISPOSIT 1 Burlei 2 Crematic 4 Donetion 5 Other	n 3 🗆 Reme	oval from State	20b. ceme H 1	PLACE AN	nd date of netory or othe p Ser	DISPOSITION Place)	ON (Na	me of		DATE 3/8/96		CATION -		
	21. SIGNATURE OF FUNERA	L SERVICE LIC	EMSEE				22. NA	ME AN	ID ADDRE	SS OF FA	CILITY		•		L050 York Rd. Towson,Md.
_	23. PART I. Enter the d	110													LOWSOII, Ma.
NC	shock, or n IMMEDIATE CAUSE (Fit disease or condition reaulting in death) Sequentially list condit	→	DUE TO	DPL ORAS A	CONSEO	MYE UENCE OF):	LON	10				X			interval Batwean Onset and Death
CERTIFICATION	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in deeth) LAS	diate iNG iry	c			UENCE OF):									
MEDICAL O	PART II. Other algnifice	ent condition	s contributing to	death bi	ut not re	eulting in	the unde	riyin	g ceuse	given in	Part i.	PERFOR		24	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	DID TOBACCO U		RIBUTE TO CA			H YES			UNC	CERTAI	N 🗆				
를 당	EXAMINER?		HOSPITAL:	7.500			THER:				~	1	1-06	>	(
Y PHYSICIAN:	27. MANNER OF DEATH	Pending	1 Inpetient 2 26e. DATE O (Month,		ationt 3	28b. TIME (TY .	ic. INJ	URY AT		-	(Specify)			(INPATIENT)
TED BY	2 Accident 3 Suictde 6 Homicide	Could not be determined	28e. PLACE building	OF INJURY , atc. (Spec	— At hon	ne, larm, atro	eet, factory	, offic	•			TION (Street Town, State)		er or Rural	Route Number,
COMPLETED	0000		CIAN: To the best of												a) and manner as stated.
띪		DF CERTIFIE							29c. LIC	ENSE NU	MBER		29d. DA		(Month, Day, Year)
2	ERIC J.	河口	ER, M	0	107	27) (Typo, P	PUS	RC), SUT	TE 2	20 L	UNTE	RVI	UE,	MD 21093
	AUG 0 8 199		Filia David												
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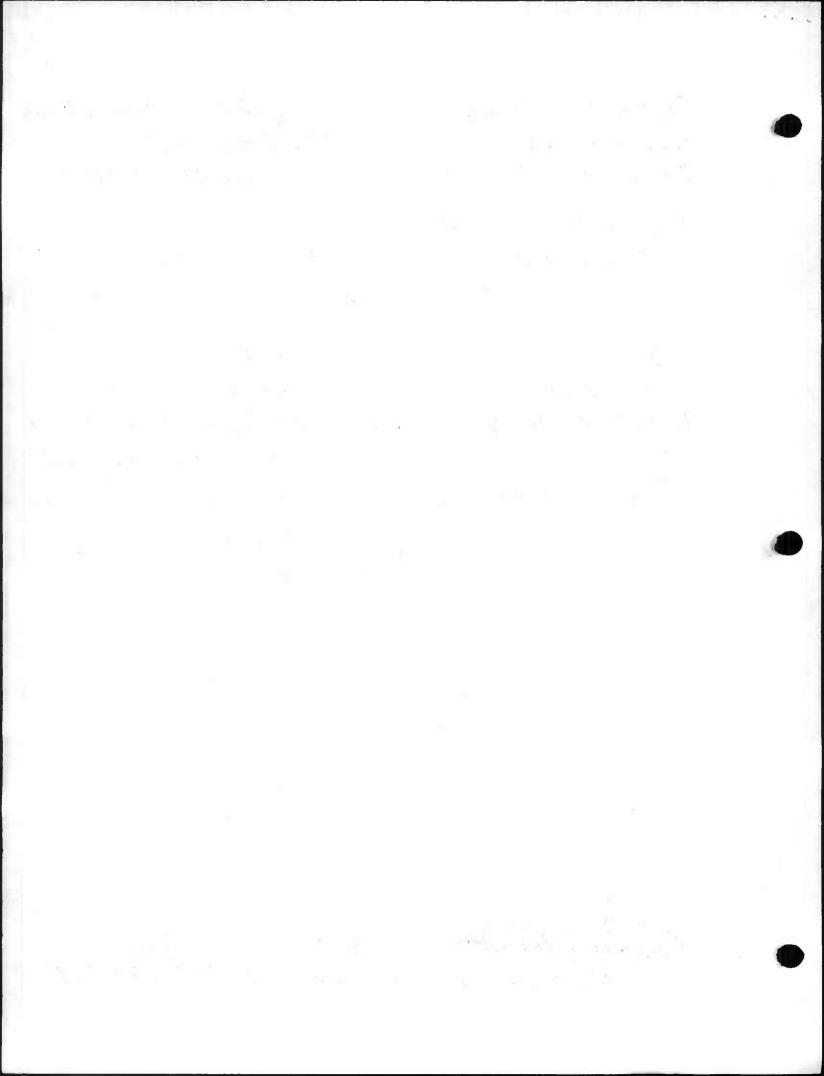
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** epesa :00 pm /Medical 4e. Fecility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner andsdowne If Undar 24 Hrs. 8, Data of Waltimore 7. Age (In yrs. lest birthday)

Yrs. If Under 1 Yaar 5. Sociel Security Number 9. Birthplece (State or Foreign **Funeral** 212-24-9398 Usuel Residence of Decedent Deys 1□M 20 F Director Pages 1 and 2 should be filed within 72 hours efter death with the Marylend 10e. State 10b. County 10c. City, Town or Location 10d, Inside City Limits Examiner must be notified at 1 Yes 2 No Director or 28a-f 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Нети 23а Carling Funeral Wes Decedent of Hispanic Origin? (Specify Yes or No If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedant Evar in U,S. Armed Forcas? Rece - American Indien, Bleck, White, etc. 11. Maritel Stetus 1 Yas 2 No if Yes, Give Yeer or Detes: 1 ☐ Naver Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1□Yes 2XNo "natural", or Specify: Specify: White þ 3 ☐ Widowed 4 K Divorced Completed the Medical 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry
Baltimore Gas 15. Decedent's Education (Specify only highest grade completed) end Mentel Hygiene. Eiementary/Secondary (0-12) College (1-4or 5+) and 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be 19e. Intorment's Neme/Relationship (Type, Print) -uperthent of Health in Important: If item 27 is .00 8621 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - Oty or Town, Stata Burial 2 Cremation 3 ☐Removei from Stata 4 □ Donetion 5 □ Other (Specify) 8800 HORFORD Rd 21. Signature of Funeral Service License Baltimore, Md 21234 Approximate Intervel Between Onset end Deeth Entraler Fitalleten Physician /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner The lew requires that the deeth certificate be axecuted Sequentielly list conditions, if any, leeding to immediate causa. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in death) Last Due to (or es a consequence of): physicien a Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as a consequence of) attending p signed by the at d be detached for Pert II. Other elgnificant conditions contributing to death but not resulting in the underlying cause given in Part I 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 □ Probably 4 □ Wiknown þ cate has been signated by page 2 should b 24b. Were eutopsy tindings avalleble prior to completion of cause of death? Completed 24e. Wes an autopsy performed? 1 Yas 2 No cartificate 1 Yas 2 No Hospital or Attending Physician: director. Be 25. Wes case reterred to medical 26. Plece of Deeth (Check only one) 2 No Other: 4 Nursing Homa 5 Nesidance Certification: To 1 Yes 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 8 Other (Specify) After this filled in by the funeral 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Tima of 28d. Describe how injury occurred 1 Natural 5 Pending investigetion s after deeth. 1 Yes 2 🗆 No 2 Accident 6 Could not ba 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours a To the Funeral C 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end manner es steted.
2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, dete end pieca, and due to the cause(s) and menner stated. Medical 29a, Certifier 29c. License number 29b. Signature and title of centile 29d. Dete signed (Month, Day, Year) 696 30. Name and address of 300 31. Deta tiled (Month, Dey, Year)

State Registrar

trar AUG 0 8 199



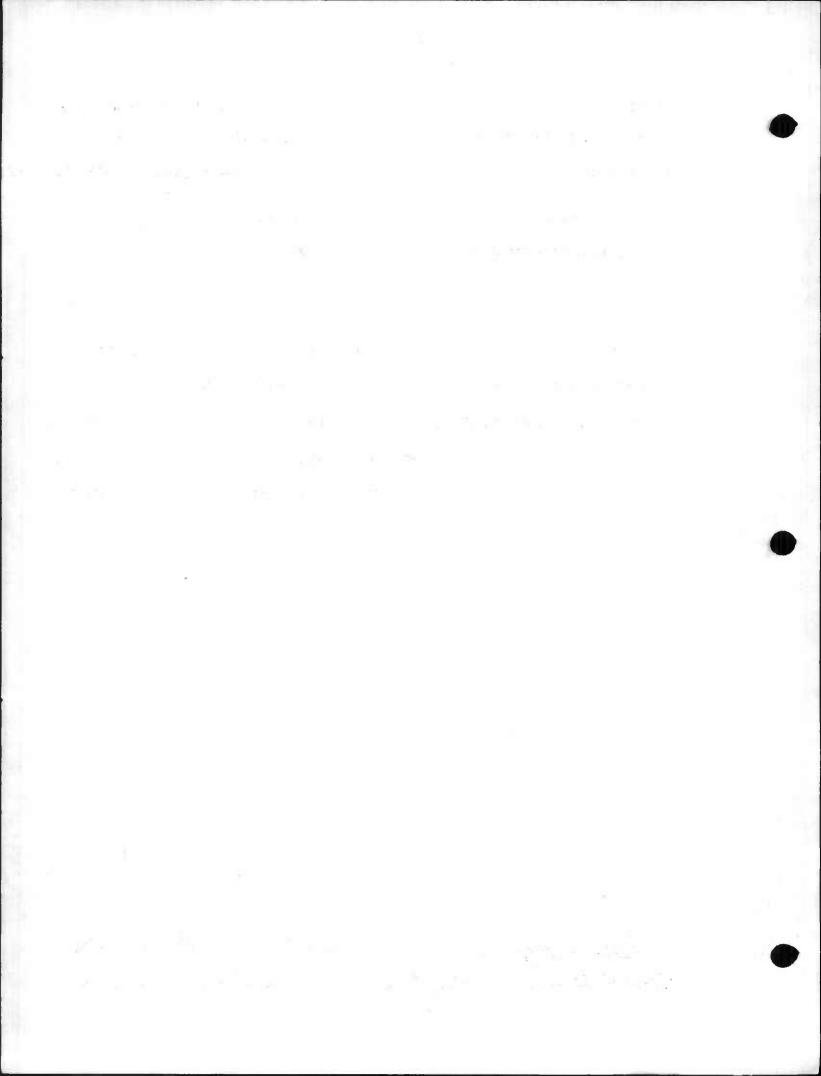


				State of M	laryland		irtment of				iene 9	6 8	23508
			1. Decedent's Neme (First, Middle, Las	1)						2. Dete of Deet			3. Time of Death
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	/Medi Examir		4e. Facility Neme (If not institution, give				,	4b. City, To	own, or Lo	ocation of Deeth	4c. County		37171
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-	Funeral		5. Sociel Security Number 6. Se	x , 7. A	ge (In yrs. les	st birthday)	If Under 1 Yea	er If Under	24 Hrs.	8. Dete of Birth (Month, Day,			
	Director		219807097 11	DM 200 F	35		Months Dey	s Hours	Min.	(Month, Day, 2 - 26	Year)	MD	leca (State or Foreign try)
			Usuel Residence of Decedent										
	how		10a. Stete 10b. County		10c. City,	Town or Lo	cation					1	0d. fnside City Limits
	Me Pa	cto	MD	/A				BA	LTI	MORE			XIXYes 2□No
	# 22 F	Director	10e. Street and Number				10f. Zip Code			1	0g. Citizen of	What Coun	itry?
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	dee F	by Funeral	11. Maritei Stetus	12. Wes Decedent Armed Forces	Ever in U,S.	13. V			igin? (Sp	ecify Yes or No- Rican, etc.)	14. Rec	e - Americ	
0	or its	F	1 Never Merried 2 Merried	1 Yes 2X	No		☐ Yes Ž☐N			rnoan, etc.)		BLA	
00	ours raf,	d b	3 ☐ Widowed 4 ☐ Divorced	Yeer or Detes:			D 100 2010	о орвану.			Specin	, DUA	CIC
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121	Method Method	ıσμ	Elementery/Secondery (0-12)	College (1-4or				red)			OMMIIN	TMV	CENTER
	filed with Hygiene. rther than		12th	N/A		SECR:	ETARY	40.00-4	. 4. 51.				CENTER
and	be fi	Be	17. Father's Neme (First, Middle, Last)					18. Moth	ere Nem	e (First, Middle, f	Maiden Suman	10)	
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Baltimore,	permit. Pages 1 and Department of Heelth Important: If item 27 eny Injury or other tr ODCs.		4 Donetion 5 Other (Specify)		WOO		N CEM			1996 W	OODLAW	IN, N	(D
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		7	tosoning in doainy	Δ.	Due to (or	s a conseq	uence of):						1
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Вох	atter	clar											
P.O.	의 부류	Physiclan/Me	Pert II. Other significant conditions co	ntributing to death b	out not resulti	ing in the ur	derlying cause	given in Pert	f.		- V		the cause of death?
										1 🗆 Y	2 2 No	3 Prol	bebly 4 Unknown
of Vital Records,	8 52	d by								24e. Wes a	n eutoney	24b. W	ere autopsy tindings
00	been should	ete								perform	ned?	COI	eilebie prior to mpletion of cause
36	hes pe 2	Completed									1/	of	death?
<u>a</u>										1 □ Ye	s 2 No	1[Yes 2 No
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on	an and	tion	1 Neturel 5 ☐ Pending	(Month, De	y Year)	Injury	28c. In W	ork? ☐ Yes 2 ☐	No	200. Describe no	w injury occur	100	
Division	or Attending after deeth. Director: After	Certification:	3 ☐ Suicide 6 ☐ Could not be	28e. Piece of In	iury - At hom	e term stre				28f. Location (St	reet and Numi	oer or Rura	I Route Number.
S	2 4 4 5	ert	4 ☐ Homicide determined	building, el	c. (Specify)	, 10111, 011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town	, State)		
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by		29a. Certifier Certifying Phy	atclan: To the best	of my knowle	edge, deeth	occurred at the	time, dete er	nd piece	end due to the or	ause(s) end me	enner as si	eted.
	24 h 24 h Fur letely	edicai	(Check only 2 Medicat Exami one)	ner: On the basis of end manner st	of examinetio	n end/or inv	estigation, in my	opinion, dee	th occur	red et the time, de	ate end piece,	and due to	the cause(s)
	omp	Me	29b. Signeture end title of certifier				29c. Lice	nse number		2	9d. Dete signe	d (Month,	Day, Year)
			100 11	(7		1	1262	50		816	196	
	1/2		30. Name and address of person who or	mnleted cause of	death /Item ?	3a) (Type 1		1	5 0		-10	1 10	•
	d		MATILDA H.	So. 14	47 6	101.	Rd.	Litt	lun	180	MD.	211	93
4	Sta	te	31. Dete tiled (Month, Day, Year)	82. Regis	Statute.	foru	1-01	0000		are 1		- 1	13,
	Registr		HUG 08 1996 U	S WINDOW-	1	0							

DHMH 16 Rev 6/95

Please Type or Print In Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2 3 5 0 9

			Decedent's Neme (First, Middle, Last			Certi	ficate of	Death	2. Dete of Deet	eg. No.	_	3. Time of Death
	Physic		OPHIE LITTLEJOHN	JR.					Month AUGUST	Dey	Yeer	23:34
	/Medi Examir		4e. Feclity Neme (If not institution, give					4b. City, Town, or		4c. County		23:34
	Exami	IGI	SAINT AGNES H						TIMORE		N/A	
	Funeral Director		267-34-0822	7. Ag	e (In yrs. les 56		if Under 1 Year Months Deys	if Under 24 Hrs Hours Min.	8. Dete of Birth Month Day DEC 10	, 1939	9. Birthple SOUT	ce (Stete or Foreign
	and w		Usuel Residence of Decedent 10e. Sfate 10b. County		10c. City,	Town or Loca	tion				100	I. inside City Limits
	the Merylan 28a-f show	tor	MD N/A					LTIMORE				Yes 2 No
	or 28a-f	irec	10e. Street end Number				10f. Zip Code		1	0g. Citizen of V	Whet Country	17
	th wit	aiD	143 S. WILLARD	STREET				21223			USA	
020	or items	by Funeral Director	11. Maritel Stetus 1 Never Merried Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 ☐ Yes 2 ☐ If Yes, Give Year or Detes:			s Decedent of I es, specify Cub Yes 2 No	dispenic Orlgin? (S en, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)		a - Americar ck, White, ef	
9	72 hours "netural",		15. Decedent's Edu	cation		16e. Deceder	nt's Usuei Occup	petion		16b. Kind of Bu		
21215-0020	within than the	Completed	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4or 5		(Give kir.	od of work done NOT use retire FORE	during most of word)	rking		TEEL	,
pu	tal Hygid d other	Be C	17. Fether's Neme (First, Middle, Last)						ne (First, Middle, M		10)	
Maryland	Ment Ment arked	To	OPHIE LITTLEJ	OHN SR.				SALL	IE BORD	ERS		
Mar	2 short and is ma		19a. Informent's Neme/Reletionship (Ty					end Number or Ru				
_	1 and 1 Heelth am 27		SHIRLEY LITTLE 20e. Method of Disposition	JOHN (W		143 Se of Dispositi		LARD ST				
Baltimore	nt of l		1 X Buriei 2 ☐ Cremetion 3 ☐ R	emovei from Stete	cem	etery, creme	tory or other ple			20c. Location -		
듶	it Periturn		4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service License	N	ARI			ARK 08/				ARYLAND
Ba	permit. Peges 1 and 2 Department of Heelth Important: If item 27 is any injury or other tre 20029.		Dennis B.	Capl		550	2 WIN	NER AVE	NUE BAL	TIMORE		
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687	g phy:	edical	resulting in death) Lest	,	Due to (òr es	e conseque	nca of):					
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	the atte	sicla	Pert II. Other significant conditions con	tributing to death bu	ut n ot res ultir	na In the unde	ertvina cause ai	ven in Pert I.	23b. Did to	bacco use co	ntribute to t	he cause of death?
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Records,	aw requires been so	Completed							24e. Was en		eveil	autopsy findings able prior to pletion of cause ath?
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/ita	ysician: The	Be (25. Wes case referred to medical exeminer?						eth (Check only on	е)		
of Vital	5 0 0	ည	1 ☐ Yes 2 No	ospitel: 1 🗆 Inpatie		VOutpatienf	3L DOA		ome 5 Reside	nca 8 🗆 Oth	er (Specify)	
'n	Ing P	lon:	27. Menner of Deeth 1 ZNatural 5 ☐ Pending	28e. Dete of injur (Month, De)	Year) 28	Bb. Time of Injury	28c. Inju Wo		28d. Describe ho	w injury occur	red	
Division	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completaly filled in by the funeral director.	Certification:	2 Accident Investigetion 3 Suicide 6 Could not be determined	28e. Pleca of Injubuilding, etc	ury - At home c. (Specify)	e, ferm, street		Yes 2 □ No	28f. Location (St. City or Town	reet end Numb n, Stete)	er or Rurel F	Route Number,
	Hospita 124 hours Funera letaly fille	edical C	29e. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	lclan: To the best of er: On the besis of end menner ste	examinetion	dge, deeth oo end/or inves	ccurred et the ti	me, dete end place ppinion, deeth occu	, end due to the ce rred et the time, de	euse(s) end ma ete and piace,	nner as stet and due to th	ed. ne cause(s)
	Within To the Comp	Me	29b. Signature and title of certifier	1			29c. Licens	se number	25	9d. Dete signe	d (Month, Da	ny, Year)
			> / Buntasp	Krum			238	3543	1	Jugust	2,19	194
	5		30. Name and address of person who co	mpieted cause of de	eeth (Item 23	Ge) (Type, Pri	1	R.	1 times ?	Man	00	21225
	Sta	te	31. Dete filed (Month, Dey, Year)	2. 32 Registre	or's Signeture		1 - 1000	WE AN	- / imere	1		



permit. Pages 1, 2, 3 should use as the burial-transit Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 be detached for page 5 should filled in by the funeral director, ion, or removal. after death. completely filled HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within RECORDS, P.O. BOX 68760 signed by the attending physician and cor Health and Mental Hygiene prior to burial, has been of h Dept. OF VITAL r this certificate has h with the State De arked, or Item 2 DIRECTOR: After the hours after death willem 28 is mark DIVISION TO THE FUNERAL C be filed within 72 h IMPORTANT: If II HE HE

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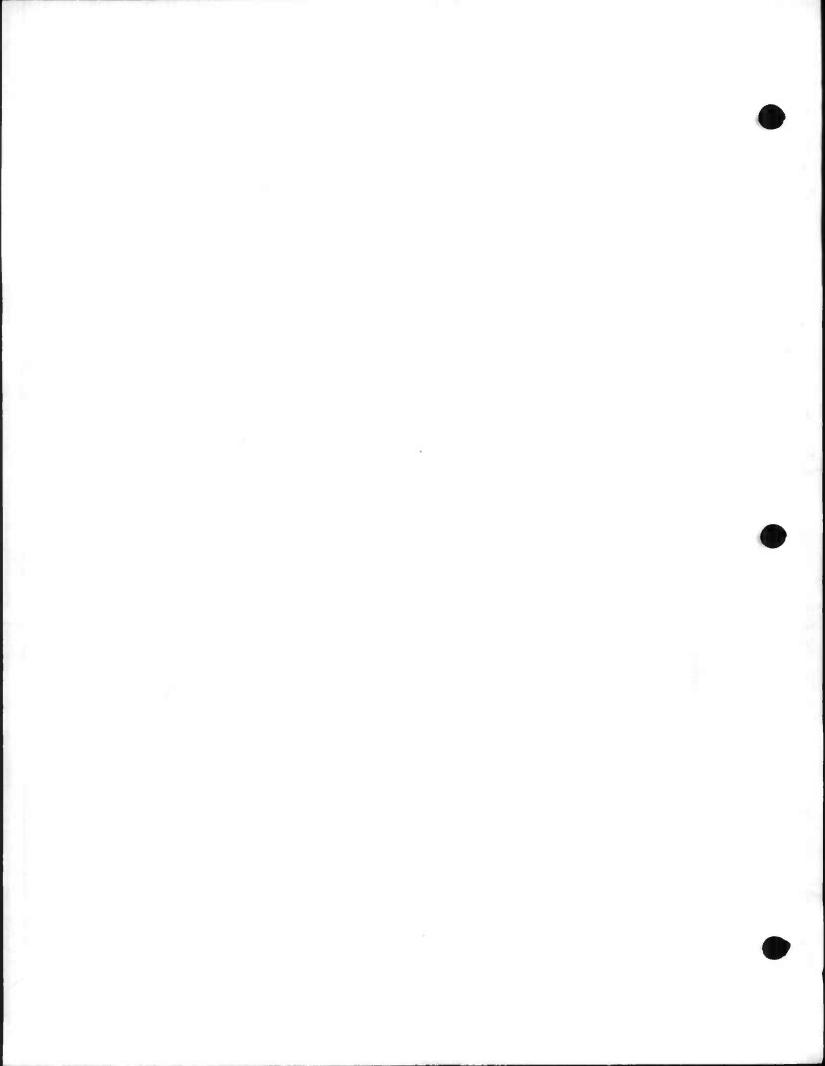
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96 23510 Film G737 item 1 per NH 8-8-96 rja FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 2:00P IF UNDER 1 YEAR 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign Country) Maryland IF UNDER 24 HRS. 44 9a. FACILITY NAME /% 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SIMOR Maryland 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY LIMITS? 1 X YES 2 NO Baltimore 1336 CLEVELAND St. 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21230 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES X 11 MARITAL STATUS 14. RACE — American Indian, Black, White, atc. Specify: Black If yes, specify Cubs 1 Payor Married 2 Married Specify: 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondari 10th Grade College (1-4 or 5+) Cashier Brooks Bookstore 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Suprame)
Delores Branch Johnny Lawson 19a. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1821 N. Monroe St. Baltimore, Maryland 21217 Charlotte Mims 20b. PLACE AND DATE OF DISPOSITION (Name of State of Party Penerphor) of Jesus Cem. 20c. LOCATION - City of Town, State
Dundalk, Maryland 875 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Kevis

DIRECTOR FUNERAL BY COMPLETED BE 2 A. Parker Funeral Hom 3512 Frederick Ave. Baltimore, Maryland 21229 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? TO YES 2 HOSPITAL: 1 ☐ Inpellent 2 ☐ ER/Outpellent 3 ☐ BOA ome 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER-OF DEATH 28s. DATE OF INJURY 284. DESCRIBE HOW INJURY OCCURED 38c. INJURY AT WORK? Netural 1 YES 2 NO В Accident 28s. PLACE OF INJUSTY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number City or Stern, State) COMPLETED 6 Could not be 4 Homicide 29s. CERTIFIER CERTIFYING PHYSICIAN: To the best of my kno dgs, death occurred at the time, date and place, and due to the cause(s) and manner as stated. BE 2 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (NOs. Print) ADDE avers 39 MECHSTHAN'S SIGNATURE
FLATA DAY COOK - Pandalle AUG 0 8 1996





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п			Decedant's Nama (First, Middla, Li	est)		Continue	10 01	Douin	2. Data of D			3. Time of Death
0.	Physic		SANTO JOSEPH		MISOT	TTI			Month AUGUST	6, 1996	Yaar	12:25 AM
	/Medi Exami		4a. Facility Nama (If not institution, gli	re street and number)				4b. City, Town, or				
			THE JOHNS HOPKINS	HOSPITAL			В	ALTIMORE	CITY	N/	A	
	Funeral		5. Social Security Number 6.	Sax 7. Aga (In	yrs. last bir	Month	ar 1 Yaar Days	If Undar 24 Hrs. Hours Min.		irth lay, Yaar)	_ Cou	placa (State or Foreign
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	Maryland a-f ehow	tor	10a. Stata 10b. County Md. N/A	100		n or Location ltimore					1	10d. Insida City Limits 1 Yas 2 □ No
	th with the 23e or 28	Funeral Director	10e. Street and Number 425 Gusryan S	treet		10f. Z	ip Coda 212	224		10g. Citizen of USA	What Cour	ntry?
020	within 72 hours after death with the Maryland one. than "naturel", or items 23a or 28=f show to Mayical Examiner count be notified a	by	11. Maritai Status 1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant Evar Armed Forcas? 1 XYas 2 No If Yas, Giva Yaar or Datas: W •1		If Yas, sp	edant of Hecify Cub	lispanic Origin? (S an, Maxican, Puarl Specify:	pecify Yas or No Rican, atc.)		ck, Whita,	can Indian, atc. hite
21215-0020	vithin 72 hone. hen "netur e Medical	Completed	15. Decedant's E (Specify only highest gr Elamantary/Secondary (0-12)	ducation ade complated) Collega (1-4or 5+)	16a.	Decedent's Us (Give kind of w life. DO NOT Self-e	ork dona use retire	during most of word d)	rking	16b. Kind of B		dustry
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	1 and 2 should Health and Men em 27 le marke ther traumatic		19a. Informant's Name/Ralationship Julian S.Misotti	Type, Print) , Son				and Number or Rus		ber, City or Town		Coda)
Baltimore,	Pages 1 and neuron Head		20a. Mathod of Disposition 1 ↑ Buriai 2 □ Cramation 3 ↑ □ Donation 5 □ Other (Speci	Bamoual from State	cemete	f Disposition (N ry, cramatory or d Heart	othar pla	esus Cem	Data	20c. Location		
Balti	permit. Page Department of Important: If any Injury or socs.		21. Signatura of Funarai Sarvice Lice		,	charle	and Addra	ss of Facility Zeiler ern Ave.	& Son I	inc.		
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414	Physician /Medical Examiner	er.	Immediate Cause (Final disease or condition resulting in death)	a. ARRHYTHMIA		M_CORONA consequence of		RTERY DI	SEASE			Interval Between Onset and Death
_	cate be executed physician and the burial-transit	Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or Injury	bDu <i>a</i>	to (or as a	consequance of):				1	
68760,	death certificate be executed e attending physician and of for use as the burial-transit	edical	causa. Entar Undarlying Cause (Disease or Injury that initiated avents rasulting in daath) Last	CDua	to (or as a	consequance of):					
Box	eath certific attending p	and		d							-	
P.O. I		Physician/M	Part II. Other significant conditions of		t rasulting in	n tha undarlying	causa giv	ran in Part I.		tobacco use co Yes 2□ No	ontribute to	o the cause of death? bably 4 Unknown
Records,	requires that the been signed by th should be detach	ted by	ABDOMINAL AORTIC	ANEURTSM						s an autopsy formed?	24b. W	ara autopsy findings allable prior to
	has b	Completed							10	lYas 2√ No	of	mpletion of cause death?
Vital	Physician: The this certificata rai director, pag	Be	25. Was casa refarred to medical axaminar?	Manital:			0"	28. Place of Das	ath (Check only	ona)		
of		tion: To	1 ☐ Yaa 2 ☐ No 27. Mannar of Death 1 ②Natural 5 ☐ Panding 2 ☐ Accidant invastigatio	28e. Data of Injury (Month, Day Yea		tpatienf 3□ 0 Fima of njury M	28c. Injui Wor	4 LI Nursing F		e how injury occur		y)
Division	al or Attending Phy s after death. I Director: After this od in by the funeral of	Certification:	3 ☐ Suicida 6 ☐ Could not be datamined	e 20 a Place of Injury	Af homa, fa	ırm, straat, facto	ry, office		28f. Location City or To	(Street and Numi own, Stata)	ber or Rura	I Route Number,
	Hospita 24 hours Funere	edical	29a. Certifiar (Check only one) 157 Certifying Pr 2 Medicat Exam	ysician: To the best of my niner: On the basis of exar and manner stated.	knowiedge nination en	o, death occurre d/or invastigatio	d ef th <i>a</i> tir n, in my o	na, data and place pinion, daath occu	, and dua to the rred at tha tima	e ceusa(s) and m , data and place,	annar as s and due to	tated. the ceuse(s)
	To the Within 7 To the comple	Σ	29b. Signatura and titla of certifiar	325 B		2	9c. Licans	a number		29d. Data signe	d (Month,	Day, Year)
	4		Manist	Van	_		M740)5		AUGUST (06, 1	996
			30. Neme and addrass of person who	completed cause of death	(Item 23a)	(Type, Print)						

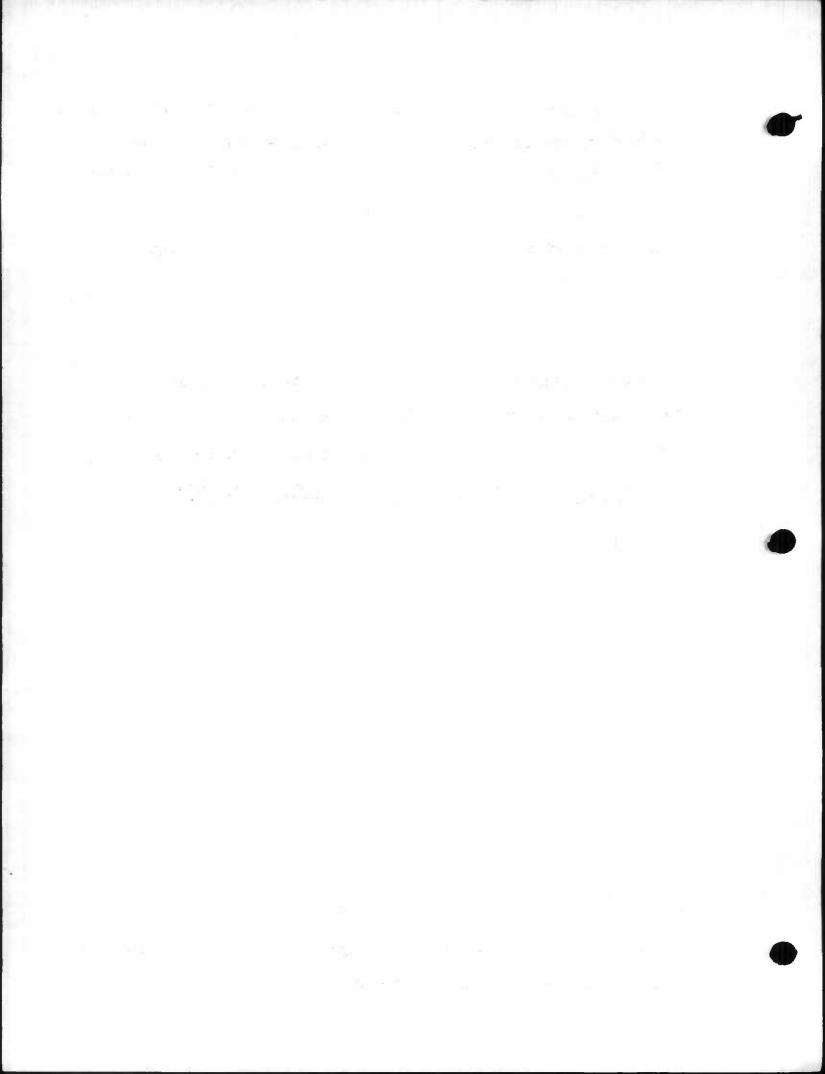
MANISH SAGAR TOWER 110 JOHNS HOPKINS HOSPITAL

31. Data filed (Month, Dey, Year)

AUG 0 8 1996

Registrar

State



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) J. Clinton Molitor 2. DATE OF DEATH 3. TIME OF DEATH ZHINTON 11:40 pm MOLITAK A SOCIAL SECURITY NUMBER 8. AGE (in yrs. lest birthday) S. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreig Country) 92 DAYS HOURS 1350M 2 | F 579-58-1667 December 8 Swedesboro, NJ Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bonsecours Extended Care Facility Ellicott City Howard RESIDENCE OF DECEDENT 10e, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Howard permit. Ellicott City 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 3700 College Ave 21043 USA Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HOO IF YES, GIVE WAR OR DATES WBALTIMORE, MARYLAND 21215-0020 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried BY 1 TES 2 THO Specify: Specify. 3 Widowed 4 Divorced white ETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Chemist Food and Drug Administration once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 76 John Molitor BE Bertina Molitor notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Madeline Molitor - Wife 3700 College Ave. Ellicott City, Maryland 21043 90 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must DATE 15 Burlel 2 ☐ Cremation 3 🖰 Removal from State the funeral director, Other (Specify) ake Park Cevetery Swedesboro, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. Slack Funeral Home, P.A. lle-Ellicott City, Maryland 21043 medical 22 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. filled in by Approximata 6 Interval Between IMMEDIATE CAUSE (Finel Onset and Death and completely fille burial, cremation, the disease or condition SEPSIS resulting in death) event. executed with BOX 68760 DUE TO JOR AS A CONSEQUENCE OF) TSPIRATION NEUMONIA traumatic CERTIFICATION Sequentially list conditions, death certificate be ext attending physician ar ental Hygiene prior to I DUE TO (OR AS A CONSEQUENCE OF) 2 if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) DIVISION OF VITAL RECORDS, P.O. that initiated events resulting in deeth) LAST 0 death (the atten injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL requires that the 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the ALZHEIMERS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMENT апу 1 | YES 21 10 shows a OF DEATH? 1 YES 2 7 HO peen jo has be. Dept. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: AMP. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The Item s certificate h HOSPITAL: HOSPITAL OR ATTENDING PHYSICIAN: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA rsing Home 5 - Residence 6 - Other (Specify) 6 42 27. MANNEB OF DEATH 26e. DATE OF INJURY 28c. INJURY AT WORK? this c 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending 1 YES 2 NO After 1 death BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, see /Snorthi 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) DIRECTOR: A hours after d COMPLETED 6 Could not be 4 Homicide determined THE FUNERAL DIRECTI filed within 72 hours a APORTANT: If Item 2 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner ea stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 29b. ATURE AND TITLE OF CERTIFIER BE 29g. LICENSE NUMBER 29d. DATE SIGNED (Morrin, Day, Year) asereen alcham 128595 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type) Print) MD 21208 TAINEEM AVE AKHAMI PARK 7220 HEIGHTS 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE . : 4dson-Randoll AUG 0 8 1996

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	Maryland a-f show	ctor	10a. Stata 10b. County Maryland Anne Ar	cundel		Town or Lo								10d. Insida City Limits 1 ☐ Yas 2 ☑ No
	th with the 23a or 28	ai Director	10e. Street and Number 307 - 4th Avenue				10f. Zip	Coda 2122	25			10g. Citizan o U	What Cou	intry?
0050	2 should be filed within 72 hours efter death with the Maryland end Mental Hygiene. Is marked other than "natural", or items 23a or 28a-f show surnatic event, the Modical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Navar Marriad 2 ☑ Married 3 □ Widowad 4 □ Divorced	12. Was Dacedant Armed Forcas? 1 ☐ Yas 2 ☑ If If Yas, Giva Yaar or Datas:			Was Daced If Yas, spec		ispanic Orig n, Maxican, Specify:	gin? (Spe , Puarto	ecity Yas or No- Rican, atc.)	14. Re Bl	ack, Whita	can Indian, , atc. Thite
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altimore,	Pege net o int: If		20a. Mathod of Disposition 1 XXBurial 2 Cramation 3 F 4 Donation 5 Other (Specify)		Cer	matary, crai	matory or of	har plac		8	Data /9/96	20c. Location		own, Stata Maryland
Bal	permit. Peg Department Important: I any Injury o		21. Signatura of Funaral Sarvice License	S Son	i i		2. Nama and 001 Ri				Gonce F y Balt			
Box 68/60,	Physician // Medical Examiner bhysician end physician end stree physician end streep physician end streep physician end physici	in/Medical Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury the initieted avants resulting in death) Last		Due to (or a			vis.	Wat	h	Comp	beet	-	Onsat and Death
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	To the Hospita within 24 hours To the Funeral completely the	edicai C	29a. Certifiar (Check only one) 1 Certifying Phys	lclan: To the best of ner: On the basis of and mannar sta	exemination	edge, death	occurred e	t the tim In my op	a, data and Inlon, death	place, e	and dua to the cod at the time, d	ausa(s) end n lata and place	nannar as s , and dua t	stated. Many and otha cause(s)
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			30. Nama and address of parson who co					tre	et, E	Balt	imore	Mary	land	21201

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32. Registrar's Signature

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State of Maryland / Department of Health and Mental Hygiene 96 23514

						(Cert	ificate of	Death		Reg. No.	, ,	20014
	Dhusia	la.	Decedent's Neme (First, Middle, Las	4.4						2. Dete of D	Peeth Dey	Veer	3. Time of Deeth
	Physic /Medi		MATGARET E	MAGU	IRC	5				July	31	1996	3-00 AM
	Exami		4e. Fecility Neme (if not institution, give			1			4b. City, Town,	or Location of Dee	oth 4c. Count	y of Deeth	1
			North Arunde	1 4051	sitA	1_		(Slen t	burnie	Ann	e Ar	undel
	Funeral		5. Sociel Security Number 6. Se	ox 7. Age	e (In yrs. I			If Under 1 Year Months Deys	Hours I	Min. (Month, E	irth Day, Year)	9. Birthp	elece (State or Foreign
	Director		219 32 4729	S IVI EDE!	78	Yr	rs.			Nov. 6	, 1917		yland
	and w		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City	, Town	or Loca	ition				10	0d. Inside City Limits
	the Marylan 28a-f show	5	Maryland Anne Ar	indel		sade							1 ☐ Yes 2 ☑ No
	the J	Director	10e. Street end Number	ATGGI		Daac	-110	10f. Zip Code			10g. Citizen of	What Coun	ilny?
	with with		250 Carroll Road					2112	22		U.		ny.
	72 hours efter death with the Maryland natural; or items 23s or 28s-f show pical Examiner must be notified at	Funerai	11. Maritel Stetus	12. Wes Decedent E	Ever in U.S	S.	13. We			? (Specify Yes or N		ce - Americ	an Indian.
	the red	E	1 Never Merried 2 Married	Armed Forces? 1 X Yes 2 □ N					en, Mexican, P	? (Specify Yes or Nuerto Rican, etc.)	Bie	eck, White,	
020	or Ja	by	3 ☐ Widowed 4 ☐ Divorced	if Yes, Give Yeer or Detes:			1 [Yes 20XNo	Specify:		Speci	ly: Wh	hite
21215-0020	72 hours of "natural", or	P	15. Decedent's Ed	ucation		16e. D	ecede	nt's Usuel Occup	pation	oz.i.u	16b. Kind of E	3usinass/Inc	dustry
21	within 72 ho Jiene. r than "natur Ins Wedical	ple	(Specify only highest gred Elementery/Secondary (0-12)	College (1-4or 5	+)	()	ife. DO	nd of work done NOT use retire	during most of d)	working			
2	filed within Hygiene. ther than "	Completed		4 years		ľ	Vurs	se			U.S. Pt	ublic	Health
pu	tal Hyg d other	Be	17. Fether's Neme (First, Middle, Last)						18. Mother's	Neme (First, Middl	e, Meiden Suma	me)	05115
Maryland		0	C	hristopher	r Ma	gui	re			Mary L.	Stanton		
a	0 0 0 0		19a. Informent's Neme/Reletionship (T	ype, Print)						r Rural Route Num	ber, City or Town	, Stete, Zip	Code)
	Date 2		Mike Maguire		1			arroll 1	Road	Pasadena	a, Maryl	and 2	1122
ore	of Heart of Heart or other		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ I	Removel from State				ion (Neme of tory or other ple	ca)	Dete	20c. Location	- City or To	wn, Stele
E	Peg ment ant: ury		4 ☐ Donetion 5 ☐ Other (Specify,)	Nev	v Ca	the	dral Ce	metery	8/3/96	Balti	more,	Maryland
Baltimore,	permit. Peges Department of I Important: If he any injury or of		21. Signature of Funeral Service Literal	100			22.1	Neme end Addre	ss of Fecility	Gonce	Funeral	Home	P.A.
0.0	ZQ E = 2		Yeorg	Hone	. e	_	40	01 Ritch	nie Hig	hway Bal			
3			23a. Part1. Ententhe disease: Or comp shock, or heart failure. Ust only of	licetions that caused	the deeth	. Do no	t enter	the mode of dyli	ng, such es car	rdiac or respiratory	errest,		Approximete Interval Between
	Physician												Onsel and Deeth
4	/Medicai Examiner		Immediate Cause (Final disease or condition	. SMA	4	(ELL	- 40	NG	CANC	ER		6 MONTHS
	LAGITITIET	L.	resulting in death)		Due to (or	es a co	nseque	enca of):					
	sit ad	in e		b				_				1	
_	The law requires that the death certificate be executed to be secured to be been signed by the attending physician end page 2 should be deteched for use as the burial-transit	Examiner	Sequentially list conditions, if eny, leeding to Immediate	ı	Due to (or	es e co	nseque	enca of):					
68760,	be e lician buria	aiE	Ceuse (Diseese or Injury	c									
587	cate phys	edicai	thet initieted events resulting in deeth) Last		Due to (or	es e co	nseque	nce of):					
×	eath certific attending p	2		d									
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P.0	by the steed	hys	Pert II. Other significant conditions co	innouting to death bu	it not resu	iting in ti	ne una	errying cause gr	/en in Peπ i.				the cause of death?
	es that igned to be det	by P								_	Y00 2□ No	3 Proc	bably 4 Unknown
Vital Records,	d big									24e. We	s en autopsy	24b. We	ere eutopsy findings
00	W require been significant should to	Set								per	formed?	COL	eilebie prior to mpletion of cause death?
Be	be law	Completed									Yes 20 No		Yes 20 No
<u>a</u>	- 17		25. Wes case referred to medical						00 51		200	1	JYOS ZLE NO
5	Physicien: this certific ral director	To Be	examiner?	Hospitel:	at 2 🗆	R/Outp	otloot	3□ DOA Oth	100	Deeth (Check only		has /Canai4	.1
o	Phy orthis		27. Menner of Deeth	28e. Dete of Injury (Month, Dey		28b. Tin	ne of	28c. inju			how injury occu		7)
o	odfing : Afte	tio	1 ☑ Naturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, Dey	Year)	inju	ury		rk? Yes 2 □ No				
Division	al or Attending P after death. I Director: After t d in by the funera	if Co	3 Suicide 6 Could not be	28e. Pleca of Inju	ry - Al ho	ne, fem	n, stree	t, fectory, office			(Street end Num	ber or Rura	l Route Number,
Ö	s after	Certification:	4 Hornicide	building, efc.	. (эреспу	,				City or 1	own, Stete)		
	bour bour bour by fille		29a. Certifier 1 Certifying Phy	elcian: To the best of	f my know	rledge, c	deeth o	ccurred et the tir	ne, date end p	lece, end due to the	e cause(s) end m	nanner as st	eted.
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edicai	one) 2 Medical Exami	ner: On the basis of end menner stel	exemineti ted.	on end/	or inve	stigation, in my o	pinion, deeth o	occurred et the time	, dete end plece	, end due to	tne ceuse(s)
	To t To t	Σ	29b. Signeture end title of certifier	"hi m	A			29c. Licens	se number	0.0	29d. Dete sign	ed (Month, I	Dey, Year)
			1 Jal A	/	77'	D	•	D	464	62	JUL	1 31,	1996.
	20		30. Name and address of person who of M. SHIRA 21, M. 1	ompleted cause of de	eth (Item	23e) (Ty	ype, Pr	int) NI - O	TIL A	PUNINEL	Haro	To. I	MD 210/1
	· des						IAI	VIVOR	IH Tr	COLANGE	rio SPI	IHL.	2 21061,
	Sta	te	31. Dete filed (Month, Day, Year)	32. Registre	r's Signat	ure							

DHMH 16 Rav 6/95

State Registrar

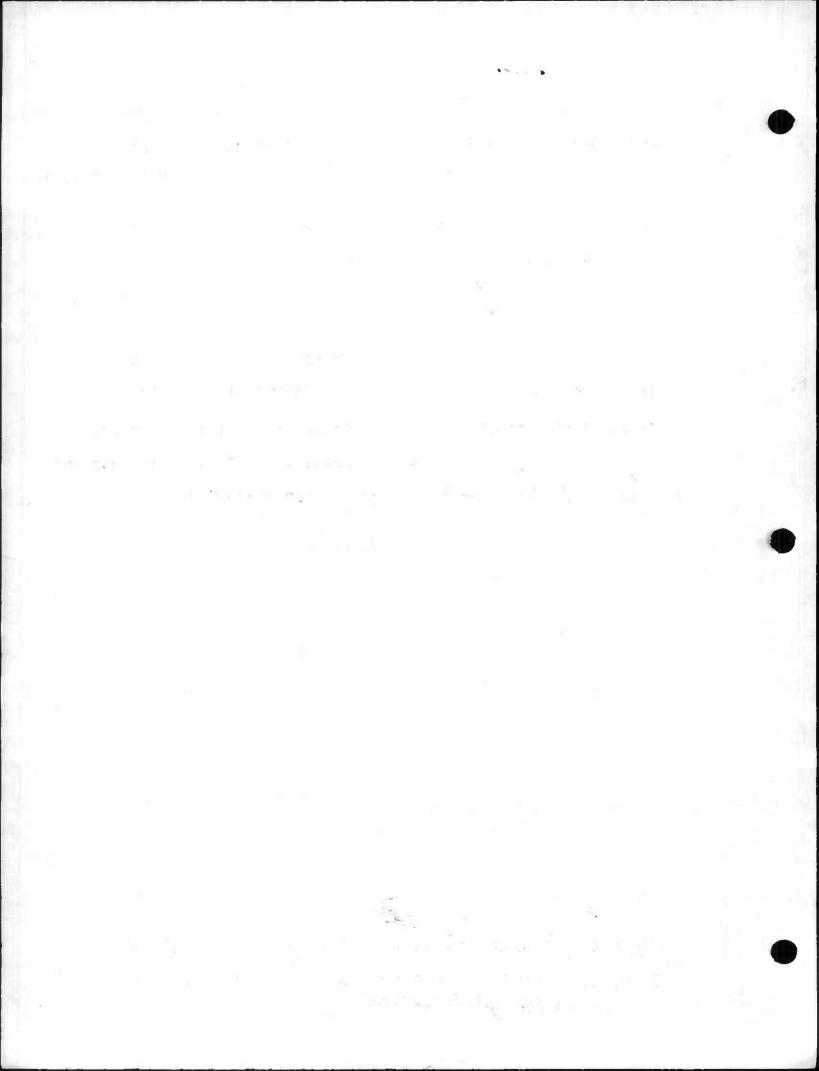
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그 모르네는 그 그 있다. 변경 · pf deathir v

		State o	Maryland / De	epartment of Hertificate of I	Death	Reg. No	20	23515
Physi /Med	dicat	Bedelia McNeil 4e. Fecility Name (If not institution, give street end num	nher)		b. City, Town, or Local	2. Dete of Death Month De	Yeer 1996 County of Deeth	3. Time of Death 9:00am
Exam Funera Directo	ıt	Johns Hopkins Hospit		ay) If Under 1 Yaar Months Devs	Baltimo	CE B. Dete of Birth (Month, Dey, Yeer	N/A 9. Birthy Cour	
		Usuel Residence of Decedent 10a. Stete 10b. County	10c. City, Town o	Location		May 1 1		Carolina
h the Maryla r 28a-f shor	Director	Md N/A 10e. Street end Number		Ore Mary	Land	10g. Ci	tizen of Whet Cour	1 M Yes 2 No
5-UUZU 72 hours effer death with the Maryland natural; or items 23s or 28s-f show	by Funeral D	227 Silver Court 11. Marital Status 12. Wes Dece Amed For 1 Yes If Yes, Giv 3 3 Widowed 4 Divorced 1 Yes Yeer or Divorced 1 Yeer or Divorced	2√□ No	2123] 3. Wes Decadent of H If Yes, specify Cube		ify Yes or No- can, etc.)	IIS A 14. Raca - Americ Bleck, White, Specify:	ean Indien, etc.
G 9	Completed	15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1	18a. De (G	cadent's Usuel Occup ive kind of work done on e. DO NOT use retired	etion during most of working)	7 16b. F	Ind of Businass/In	
	To Be Co	12 17. Fether's Neme (First, Middle, Last) Neal McCallum	Н	otel Work		First, Middle, Melder		
nd 2 she alth end 27 is m	-	19e. Informent's Neme/Reletionship (Type, Print)		eiling Address (Street	and Number or Rural	Route Number, City	or Town, Stete, Zip	
2 2 2 2		Martha Benton/daug 20e. Method of Disposition 1 TBurial 2 Cramation 3 Removel from S 4 Donetion 5 Other (Specify)	tete	sposition (Neme of Cremetory or other plecented)	!		ocation - city or id	
permit. Pag Department Important: f any Injury o		21. Signeture of Funeral Service Licenses	11	22. Nema end Addres	os of Fecility Dvett Ar	d Son Pi	Δ.	
Physician /Medical		23a Part I. Enter the disease, or complications that or shock, or heart failure. List only one cause on ex Immediate Cause (Final disease or condition	used the death. Do not on line.	enterthe thode of dyth	rc to	readinator Serrest, V	3 134 2 60	Approximate Interval Between Onset end Deeth
icete be executed with physician and sthe buriel-transit	dical Examiner	Sequentially list conditions, if any, leeding to immediate causa. Enter Undarlying Ceuse (Disease or Injury that initiated events resulting la death). Lest	Due to (or es e con Due to (or es e con Due to (or es a con	arters sequence of): 8100	- Disea	se		710 years 7 2 year
ath certification of the second of the secon	Physician/Med	resulting In deeth) Lest						
het the d	by Physi	Pert II. Other elignificent conditions contributing to de	eth but not resulting in the	e underlying cause give	en In Pert I.			the cause of death
ew requ	Completed				· ·	24e. Wes en auto parformed?	av	ere eutopsy findings allable prior to mpletion of cause death?
ysician: The properties of director, page		25. Wes case referred to medical					10	Yes 2 No
7 0.5	o Be	exeminer?	patient 2@ER/Outpa	tient 3 DOA Othe	26. Piece of Deeth (Check only one) 5 Residence	e DOther (Canait	A
a Physical Control	n: T	27. Menner of Deeth 28a. Date of	Injury 28b. Time	of 28c. Injury		d. Describe how inju		//
or Attending Physical Control of the Attending Physical Control of the Control of	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined	of Injury - At home, ferm, g, etc. (Specify)	M 1 1	res 2□No	f. Location (Street er City or Town, Stete	nd Number or Rura e)	I Route Number,
To the Hospital or Julia 24 hours afte To the Funeral Dir completely filled in	edicai Ce	29e. Certifler (Check only one) 1 Certifying Physician: To the be end manner	ils of exeminetion end/or	eth occurred et the tim Investigetion, in my op	e, dete end plece, en inlon, deeth occurred	d due to the ceuse(s et the time, date en) end menner as st d plece, end due to	eted. the cause(s)
To the comp	M	29b. Signeture end title of cartifier	relmo	29c. License	number	29d. Da	te signed (Month,	Dey, Yeer)
_		Greburg Um Branch	of deeth (item 23e) (Type)	e, Print) Eage	Stree	+ Bal	timore	21202
St Regist	ate	AUG 0 8 1996	gistrar's cignelyre	roball				

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State of Maryland / Department of Health and Mental Hygiene 96 235 | 6

					, , , , , , , , , , , , , , , , , , , ,	Cert	ificate of	Death	R.	eg. No.	0 12	
	Physic	an	Decedent's Name (First, Middle, Last)						2. Date of Deat Month	-	Year	3. Time of Death
	Physic /Medi		PAUL R	M	ORR	150	N		AUGUS		1996	1:08 At
	Exami	ner	4a. Fecility Neme (If not institution, give	street end number)				4b. City, Town, or		4c. County		
			Good Samaritan H				H Hadar 1 Vaar	Baltimor			N/A	
	Funeral Director		5. Social Security Number 6. Se 215-18-3931	X 7. Age	78 78		If Under 1 Yeer Months Deys	Hours Min.	8. Date of Birth (Month, Day, September	3,1917	9. Birthpla Country Penns	ylvania
	tand tand		10a. State 10b. County		10c. City, T	own or Loca	tion				100	I. Inside City Limits
	Mery Fied	tor	Maryland N/A		Balti	more						1 Yes 2 No
	h the	Directo	10e. Street and Number				10f. Zlp Code		1	0g. Citizen of \	What Country	n
	th will		2200 Westfield	Avenue			21214		l	United	States	;
020	72 hours effer deeth with the Maryland "natural", or itema 23a or 28a-f show ideal Examiner must be notified at	by Funeral	11. Merital Status 1 □ Never Merried 2 ☒ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent I Armed Forcas? 1 X Yes 2 N If Yes, Give Yeer or Detes:	lo	1	s Decedent of F es, specify Cub	Hispanic Origin? (S an, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)		e - American ck, White, etc	c.
9	2 hou	ed	15. Decadent's Edu			6a. Deceder	nt's Usual Occup	pation		16b. Kind of Bi	Whit usiness/indu	
Maryland 21215-0020	filed within 72 ho Hygiene. ther than *netur	Completed	(Specify only highest grad	e completed) College (1-4or 5	+)	(Give kli life. DC	nd of work done NOT use ratire	during most of wor	king	Hospit		,
9	T to the		17. Father's Name (First, Middle, Last)		1110	arnicei	iance sc	1	ne (First, Middle, I			
lan	Mental Mental arked o	To Be	Ralph Morrison					Lillia	n Lewis			
ary	d 2 should th end Men 7 is marke traumatic		19e. Informant's Name/Relationship (Ty	rpe, Print)	1	19b. Meiling	Address (Street	and Number or Ru		, City or Town,	State, Zip C	ode)
W.			Erika Morrison/ W	Wife				d Avenue	Baltimo	ore, Md	. 2121	4
Ore	Pages 1 en nent of Heal nt: If Item 2 iry or other		20a. Method of Disposition 1 ☐ Buriel 2 ☑ Cremation 3 ☐ F	Removel from State	ceme	etery, crema	ion (Name of tory or other ple			20c. Location -	City or Town	1, Stete
tim	ment:		4 ☐ Donation 5 ☐ Other (Specify)		Hillto	op Serv	ice Conpo	ration	8/8/96 T	owson, M	aryland	
Baltimore,	permit. Page Department of Important: If any injury or soce.		21. Signature of Funeral Service Licens Buch Q. Willes		Willem		Neme end Addre	Le	onard J. Ri ltimore, M			
	3412		23a. Part1. Enter the disease, or compl shock, or heert tailure. List only or	lcations that caused ne ceuse on each lin	the death. D	Do not enter	the mode of dyl			•	i A	oproximete ntervat Between
	Physician /Medical Examiner	ler	Immediate Ceuse (Finel disease or condition resulting In deeth)		TRIC Due to (or as			NOCE	RCIT	VOM		7 DAYS
	death certificate be axecuted e attending physician and of for use as the burial-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	0	Due to (or as	a conseque	nce of):					
68760,	ysicla we bur		that initiated events	o	Due to (or as	e conseque	nca of):				1	
	oding ph	/Medical	resulting in death) Last	i							1	
Box	eath cer attendir I for use	Physician/									1	
P.O.		hysi	Part II. Other significant conditions con	tributing to death bu	it not resultin	g in the und	ertylng cause gi	ven in Part I.				he cause of death?
	s that the ned by the e detech	by P	COPD						101	es 2□ No	3 Probe	bly 4 Ounknown
Records,	aw requi	Completed t							24e. Wes e perform		avall	a autopsy lindings able prior to pletion of cause eth?
	The la	EOC							1 🗆 Ye	s 2 3 No	10	Yaa 2 No
ita	artifica ctor,	Be	25. Was case referred to medicat examiner?					26. Place of Dea	th (Check only on	Θ)		
of Vital	Physician: this certific ral director,	ို	1 □ Yes 2 7-No	lospitel:		Outpatient	3LI DOA		ome 5 Reside	enca 8 🗆 Oth	er (Specify)	
sion o	Attending Part death.	ation:	27. Manner of Death 15 Natural 5 Pending 2 Accident Investigation	28a. Date of Injur (Month, Day	Year) 28	b. Time of Injury	28c. Inju Wo M 1	ryat rk? Yes 2 ☐ No	28d. Describe ho	ow injury occur	red	
Division	는 전 마음	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Inju building, etc	ry - At home (Specify)	, iarm, stree	t, lectory, office		28i. Location (St City or Town	reet and Numb n, State)	er or Aural F	loute Number,
	To the Hospital within 24 hours To the Funeral Completely filled	edicai	29a. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	ner: On the best of end manner ste	examination	dge, death o and/or inves	ccurred at the til stigation, in my c	me, date and place opinion, death occu	, and due to the carred et the time, de	suse(s) and ma ate and placa,	anner as stat and due to th	ed. ne cause(s)
	T S T S	M	29b. Signature end title of certifier	-			29c. Licens			9d. Dete signe		
	april 1		Meen	up	4	M.D	PO	930	2 4	0605	T 7.	1996 MORE, MD
	(1)		30. Name and address of person who co	_	ath (Item 23	a) (Type, Pri	int)			~ ~		
			31. Date filed (Month, Day, Year)	1			CH RA	WEN B	DULEVA	PD F	SALTIN	10RE, MD
	Sta	τe	and the same of the same	6.00	's Signature	- T						

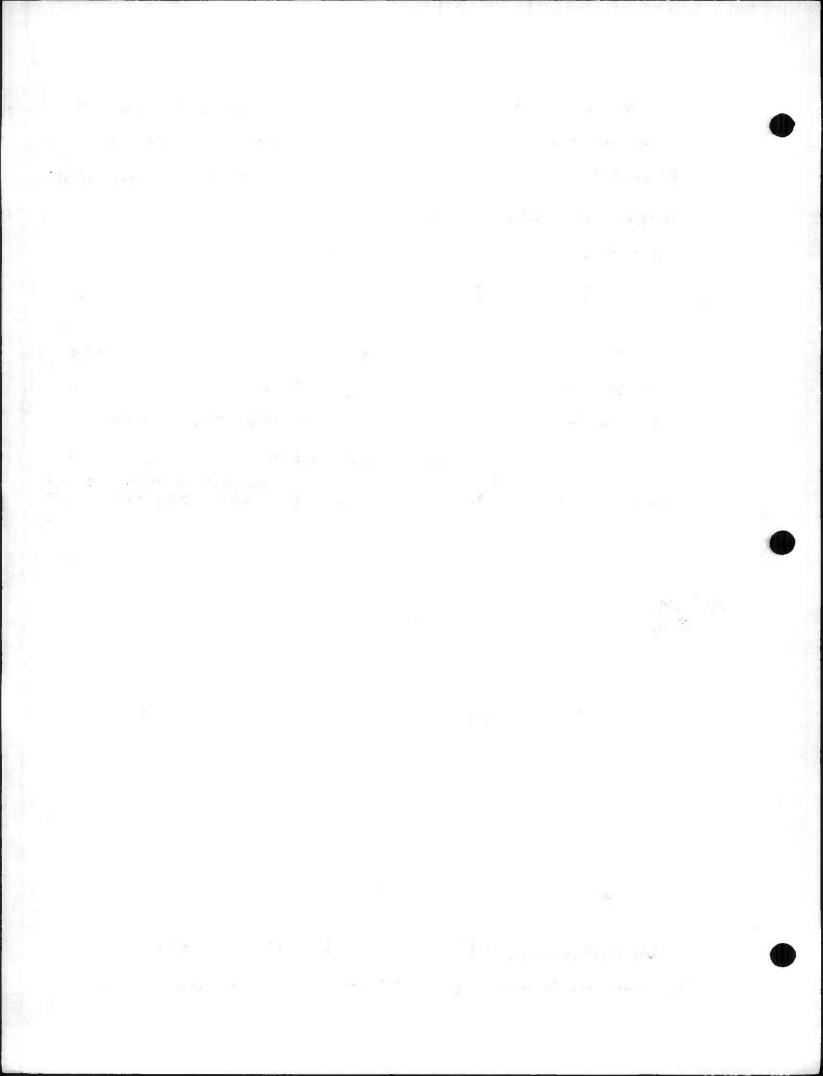
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						Cei	tificate	of	Death			Reg. No.		
	Discosion		1. Decedent's Neme (First, Middle, Las	st)							2. Date of De		Year	3. Time of Death
	Physic /Medi		Elder H. Phe	nicie						1	August		996	2:41 P.
Ì	Exami		4a. Facility Neme (If not institution, give	e street end number)					4b. City, Town	n, or Loc	ation of Deet	4c. Cour	nty of Death	1
			617 Lorca Ave						Baltim	ore		Anne	a Arun	ıdel
	Funeral		Sociel Security Number 6. S	ex 7. Age	e (In yrs. lest b		If Under 1 Months	Year Deys		Hrs.	8. Dete of Bir (Month, De	th V. Year)	9. Birth	npiace (Stete or Foreignetry)
	Director		203-10-0627	MW STL	79	Yrs.				I	Dec 31	1916		nsylvania
	pug *		Usuel Residence of Decedent 10a. State 10b. County		10c. City, To	wn or Lo	cation							10d. Inside City Limit
	faryla sho	5	Maryland Anne Ar	undel	Balti									1 ☐ Yes 2 ☑ N
	the A	ect.	10e. Street end Number	didei	Daivi	MOI	10f. Zip C	`odo			T	10g. Citizen o	of Milhest Co.	
	with w	ā	617 Lorca Ave					225	5				J.S.A.	
	172 hours after death with the Maryland "natural", or flems 23s or 28s-f show added Examiner must be notified at	Funeral Director	11. Meritei Status	12. Wes Decedent I	Ever in U.S.	13 \			Hispanic Origi	n? (Sner	rify Yes or No			rican Indian,
	ftar d	Fun	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 ☐ T		i i	f Yes, specif	y Cub	an, Mexican, I	Puerto R	lican, etc.)		leck, White	
21215-0020	LIS S.	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:	, ,	1	1□ Yea 2l	XNo	Specify:			Spec	city: Wr	nite
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2	be filed ntal Hygid d other event, to	Be	17. Fether's Neme (First, Middle, Last)						18. Mother's	s Neme	(First, Middle	Meiden Sum	em <i>e)</i>	
Vla	should be fand Mental I is marked or umatic eve	2	Roy Phenicie						Ethe	21	Yeakle			
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ore	of Healt of Healt f Nem 2 r other		20e. Method of Disposition 1 ☐ Buriai 2 ☐ Cremetion 3 ☐	Domoval from State	20b. Piece cemet	of Dispo ery, cren	sition (Neme	of er ple	ice)	1	Date	20c. Locatio	n - City or T	lown, Stete
E	Pages ment of 8 ant: If its ury or of		4 Donation 5 Other (Specify		Meado	wri	dge Me	mo	rial P	s 8,	/6/96	Baltir	nore,	Maryland
Baltimore,	permit. Pages Department of Important: If it eny injury or o		21. Signature of Funeral Service Licen	000	~	22	. Name and	Addre	ess of Fecility	Geo	rae J.	Gonce	Funer	ral Home
ш	2011		Nickard	, C. Xla	ves	P	.A. 40	01	Ritch		_			Md 21225
c		-	23a. Part1. Enter the disease, or comp shock, or heart feilure. List only	picetions thet caused	the deeth. Do	not ente	er the mode	of dyi	ng, such as ca	ardiac or	respiratory a	rrest,	1	Approximate Interval Between
V.	Physician		and any of the art foliation. Electionly	5/10 04450 011 00011 III									1	Onset and Death
	/Medical		Immediate Cause (Final disease or condition	a Renal	Failure	4	(Qo	h	dration					Zutr.
	Examiner		resulting in deeth)		Due to (or es a	conseq		Jy	o rull or					
_	D .E	Examiner	_	6 Cenelino	Vaneula	_	Occi	don	to				1	llyear Il year
	certificate be executed ding physician and ise as the burial-transit	Ea	Sequentially list conditions,		Due to (or es a		uence of):	40	1,9					11700
Ö,	ian s		if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	Husent	ension								1	1 veans
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0	the d	Physician/	Pert il. Other eignificant conditione co	ontributing to death bu	it not resulting	in the ur	nderlying cau	ise gi	ven in Pert I.		23b. Did	tobacco uee	ontribute 1	to the cause of deat
0	that the ed by detac		Comany Onter	x Disco	41						1 🗆	Yee 2X No	3 Pro	obably 4 Unkno
ds,	8 8 8	d by		, DAG							04- 144-		24h W	Vere autopay findings
0	requires been sign should be	Completed	,									en autopsy rmed?	a	vallable prior to completion of cause
360	2 00 00	d L											of	f death?
	Page 1										10	Yes 212 No	1	☐ Yes 2☐ No
Ħ N	tending Physician: The leath. for: After this certificate the funeral director, pag.	Be	25. Wes case referred to medical exeminer?	Hospitai:				100		f Deeth	(Check only o	one)		
ot	Physi this c	2	I les 220 No	1 ⊔ inpatie		-					e 5 🚉 Resi		Other (Speci	ify)
Ľ.	ding F. After funer	lon	27. Menner of Deeth Neturel 5 Pending	28e. Dete of Injur (Month, De)	Year) 28b.	Time of injury		. Inju Wo			3d. Describe	now injury occ	urred	
Sic	Attending ir death. ector: After by the fune	cat	2 Accident investigation 3 Suicide 6 Could not be				М		Yes 2 No			0		
<u>≅</u>	or Attendation of Director:	Certification:	4 ☐ Homicide determined	28e. Piece of Inju building, etc	iry - At home, f . <i>(Specify)</i>	erm, stre	eet, fectory,	office		28	City or To		nber or Hur	ral Route Number,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by		200 Conffice A Conffice											
,	To the Hospital within 24 hours To the Funeral completely filled	edical	29e. Certifier (Check only one) 2 Medical Exam	reician: To the best of iner: On the basis of end manner ste	exemination e	e, deeth nd/or Inv	occurred at restigetion, in	the ti	me, dete end opinion, deeth	occurred	d et the time,	ceuse(s) and date end plec	manner as a e, end due	ateled. to the cause(a)
	To the within 2 To the comple	Me	29b. Signeture end title of certifier	end mariner ste	100.		29c.	Licens	se number			29d. Date aig	ned (Month	, Day, Year)
	844		0	∞)		1000	1	7270	41	_	2/2/0	46	,,, , ,,
			vuew, thorop	200 / M	<i>J</i>	_			,	, , _		0 3	10	
			30. Name and address of person who	completed cause of de	eth (Item 23a)			, -	- 11		1 0	11 m	71.	
		40	31. Date filed (Month, Dey, Year)	32 Registre	r's Signatura	TE TO	2 340	1) 3	i Harron	SC.	st. Ba	10	· 41	772
	Sta Registr		ALIC O 0400C	Aulia Davie	lon-Ran	2.00								
DHI	WH 16 Rev 6/9		WALL A 8 1930	(- 1-10	1	_							
	4 . 164 643	_												

DHMH 16 Rev 6/95



TO THE HOSPITAL OR ATTENDING PHYSICIAN' The law requires that the death certificate manned in the found of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

To The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

To the found within 72 hours after death with the State Dept, of Health and Mental Hygiene process.

To the fine within 72 hours after death with the State Dept, of Health and Mental Hygiene process.

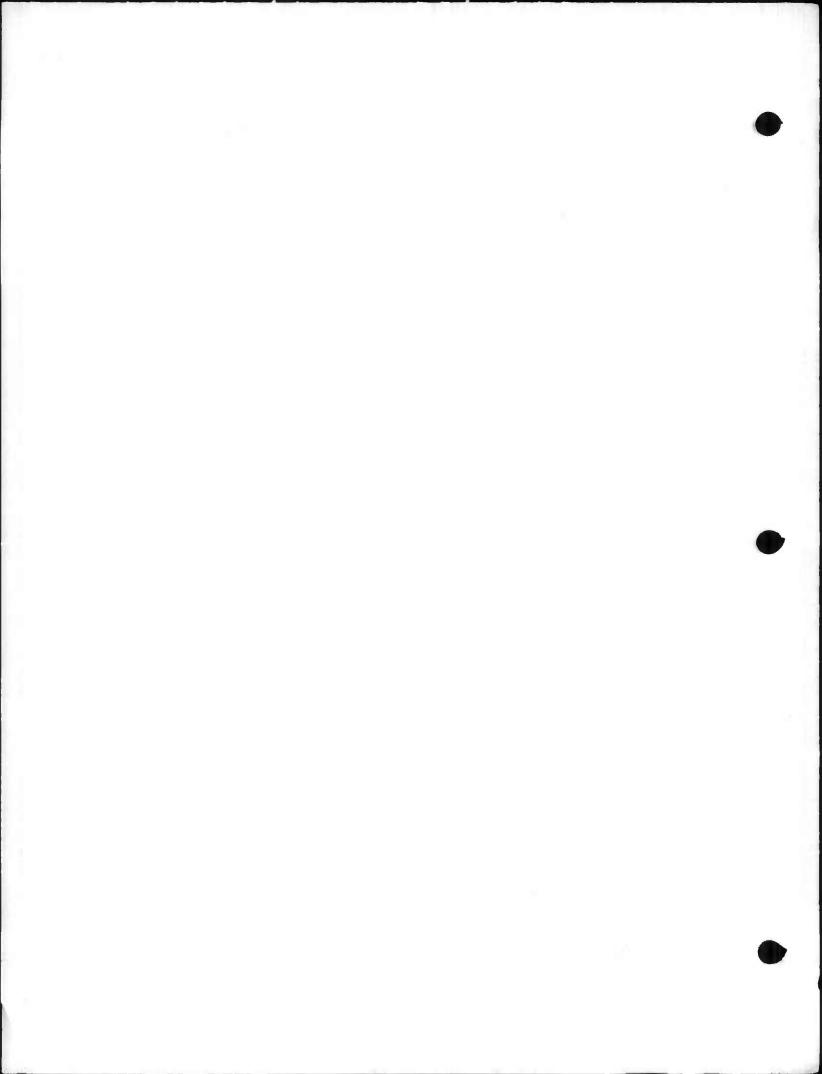
The fine Th MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX ANTIGO

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE	F DEATH	A	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) MILTON		PARKER		2. DATE OF D MONTH AUG		DEATH DAY	EATH DAY 1990		TIME OF DEATH 7:43 PM	
	4. SOĞAL SECURITÝ NUMBER 5. SEX 6. AGI 1 ⊠ M 2 □ F		s. last birthday) YRS.	IF UNDER 1 YEAR	nave unime and (Mon		of BIRTH th, Day, Year) 22, 1918		BIRTHPLACE (State or Foreign Country) Maryland		
	9s. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOW	TOWN OR LOCATION OF DEATH		9c. COUNTY		TY OF DEATH		
DIRECTOR	North Arundel Hospital			Glen Bur		ırnie		Anne Arundel			
l m	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									d. INSIDE CITY LIMITS?	
	Maryland Anne Ar	Ba	1timor	e			1 ☐ YES 2 🔀 NO				
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		AT COUNTRY?	
필	4300 Belle Grove Ro			21225			U.S.A.				
5	11. MARITAL STATUS 1 ☑ Never Merried 1 ☑ Never Merried 1 ☑ Never Merried 12. WAS DECEDENT EVER IN U.S FORCES? 1 ☑ YES 2		! □NO If		AS DECENDENT OF HISPANIC ORIGIN? (Specify yee, specify Cuban, Maxican, Puarto Rican, atc.)			es or No- 14. RACE - Black, W		American Indian, Vhite, etc.	
ВУ	IF YE	s, give wan on dates rld War II		1 🗆 ۷	1 Tes 2 NO Specify:			Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	164	. DECEDENT'S								
	Elementary/Secondary (0-12) College	(Give kind of work done during most of working life. Do NOT use retired.)			***************************************						
MP	6th 17. FATHER'S NAME (First, Middle, Last)		Master Mach					ng & Machine Wo		ne Worker	
	Josep	16. MOTHER'S NAME (First, Middle, Mo Lena Potu					The second secon				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre		nd Number or Rural Route Number, City or Town, State, Zip Coo					
임	Mildred Ralston			Lane Ba					1221		
				F DISPOSITION		DATE		OCATION — City or Town, Stata			
	4 🗆 Donation 5 🗆 Other (Specify) HOLY			s Cemet		8/8				aryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 212						21225	
	DO PART I Follow the discount of the second										
	shock, or heart fellure. List only one cause on each lina.								Interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)							Onset and Death			
NO	DUE TO (OR AS A CONSEQUENCE OF):										
	Sequentially list conditions, b.		E OF):								
CERTIFICATION	If any, lasding to immediata cause. Enter UNDERLYING	NSEOUENCE OF									
IFIC	CAUSE (Disease or Injury that Initiated evants DUE TO (OR AS A CONSEQUENCE OF):										
ERT	resulting in death) LAST										
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPS 24b. WERE AUTOPS								ERE AUTOPSY FINDINGS		
EDICAL		1			PERFORM	PERFORMED3		MILABLE PRIOR TO OMPLETION OF CAUSE			
							1 TES 2 NO		01	F DEATH?	
. W	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO									☐ YES 2 ☐ NO	
NA.	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
SIC	EXAMMER? 1 VES_2 ONO HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
PHYSICIAN:	27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED										
B≺	1 Natural 5 Pending 2 Accident Investigation				M 1 YES 2 NO						
COMPLETED	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, building, etc. (Specify)				, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
PE	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
OM	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
ш	290. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (MORE)								onth, Day, Year)		
TO B	128640 ► aug 3, 1996								3,1996		
-	30. HOME AND ADDRESS OF PARSON WHO COMPLE	10. HAMPAND ADDITION OF PARSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) CHOICE FROM 1 1) 2 1113									
	TI. DATE FILED (Month, Doy, Mag)										
	ALIG O RIQGE GUA	Cavidson-Abra	ALEE -								
	AUU O DIAMU U										

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State of Maryland / Department of Health and Mental Hygiene

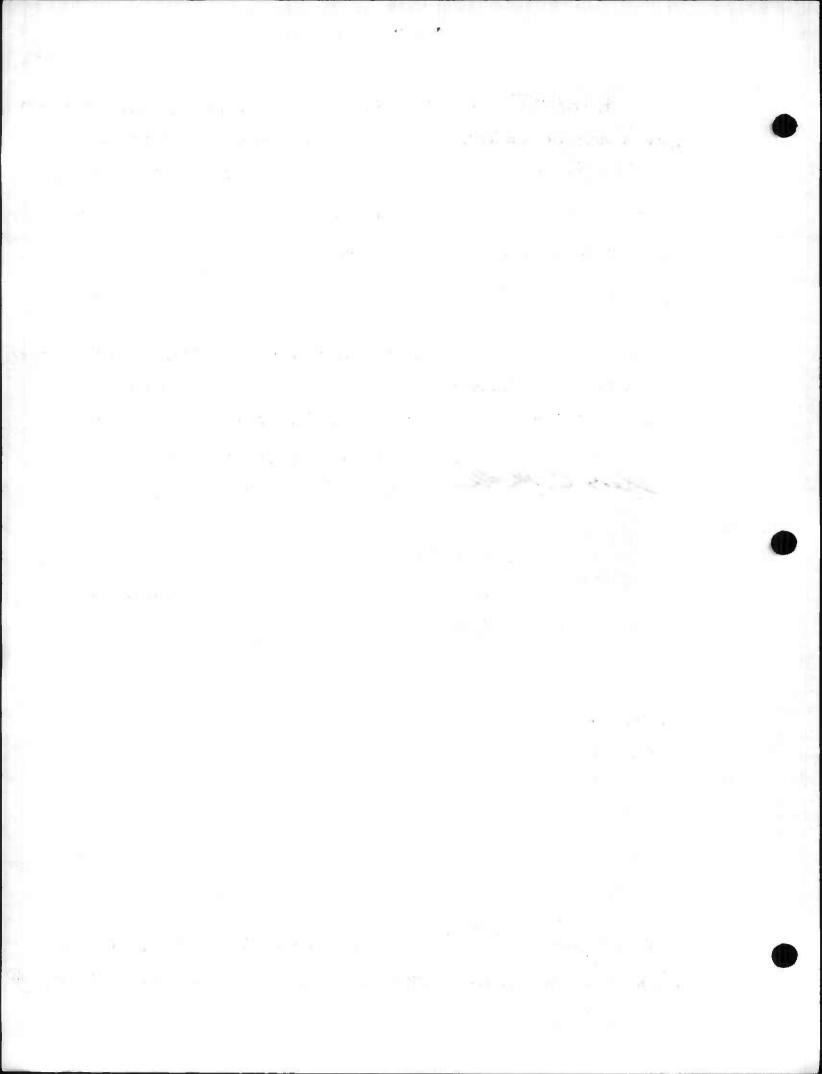
				Certificate of	Death	Re	g. No.			
	Physic	ian	1. Decedant's Nama (First, Middle, Last) ROBERT POLL	OC K		2. Data of Deat	h Day	Yaar	3. Time of t	
1	/Medi	cai	4a. Facility Nama (If not institution, giva street and number)	JUN	4b. City, Town, or L	August		996	4:21	pm
L	Examii	ner	HARBOR HOSPITAL CENTER		Baltim	ore	Bal	tmo	re	
	Funeral Director		5. Social Security Number 2.1.7-0.7-54.55 6. Sex 10XM 2 F 78 78	hday) If Undar 1 Yaar Months Days		8. Data of Birth (Month, Day, DEC 15,	^{Year)} 1917	Coun	lace (Stata or try) yland	Foraign
	e Meryland ta-f show	ctor	10a. Stata 10b. County 10c. City, Town	or Location altimore				1	Od. Insida City	
	23a or 28	Funeral Director	10e. Street and Number 3330 Wilkens Avenue	10f. Zip Coda 212	229	10	0g. Citizan of V		try?	
020	permit. Peges 1 end 2 should be filed within 72 hours efter deeth with the Meryland Department of Health end Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any lolury or other traumatic event, tra Medical Examines must be notified at once.	þ	11. Marital Status 1 □ Nevar Married 2 □ Married 3 ☑ Widowed 4 □ Divorced 12. Was Decedent Evar in U,S. Armed Forces? 1 □ Yas 2☑ No If Yas, Giva Yaar or Datas:	13. Was Decedant of If Yas, specify Cub		ecify Yas or No- Rican, atc.)	Blac	e - Amaric k, Whita, Whi	atc.	
21215-0020	within 72 ho lene. than "natur	Completed	(Specify only highast grada complated) Elamantary/Secondary (0-12) Collega (1-4or 5+)	Decedent's Usual Occu (Give kind of work done lifa. DO NOT use ratin nting Con	during most of work	ring	esider			ntin
	al Hygi other	BeC	17. Fathar's Nama (First, Middla, Last)	nting our	18. Mothar's Nam				I Fal	пстп
Slai	Menta Menta mrked	To	Karl Graham Pollock			Frances				
Maryland	ith end ith end 7 is m traum			Mailing Addrass (Stree)1 Ilcheste						
Baltimore,	Peges 1 er ent of Hea nt: If Item 2 y or other		20a. Mathod of Disposition 1 ☒ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 20b. Place of to camatary	Disposition (Nama of commatory or other place). hedral Ceme	aca)	Data :	Baltimo	City or To	wn, Stata	
alti	Departm Mportar any Injui		21. Signatura of Gonaral Sarvice (Censee)		ess of Facility Tuneral Ho			ie, i	מוני	
B	88 8 8		George E. MacNabb	301 Frede	erick Rd.	Baltimor	e, MD	21228	}	
	Dhoolalas	-	23a. Part1. Enter the disease, or complications that caused the death. Do no shock, or heart failure. List only one cause on each line.	ot antar tha moda of dy	Ing, such as cardiac	or respiratory arre	est,		Approximata Interval Batw Onsat and D	reen
	Physician /Medical Examiner		Immediate Ceuse (Finel disaasa or condition rasulting in death) PNEUMONIA Due to (or as a co	0					3 da	ys
Box 68760,	eath centificate be executed ettending physician end for use as the buriel-transit	an/Medical Examiner	Sequentially list conditions, if any, laading to immadieta cause. Enter Undarfying Ceuse (Diseasa or Injury that Initieted evants rasulting in death) Last b. Chronic C Seizure Due to (or as a co	Obstruct onsequence of): Obsorder	ive Rul	monauly) Dise	ase	10 yea	ars
	the ett	ysici	Part II. Other significant conditions contributing to death but not resulting in	tha undarlying causa gi	iven in Part I.	23b. Did to	bacco use con	tributa to	the causs of	f death?
P.O.	es that the death cer igned by the ettendin be detached for use	by Physician	Anemia, Chronic Heart	Failure,		1 🗆 Yı	2 □ No	3 Prot	oably 4 U	Inknown
Records,	aw requir ts been s 2 should	Completed b	Anemia, Chronic Heart Atherosclerotic Cardiovascular	Diseas	e	24a. Was ar perform		808	ara autopsy fir allabla prior to applation of ca death?	
	T as a					1 □ Ya	s al No	1 🗆	Yas 201	No
<u> </u>	Physician: The this certificata rail director, pag	o Be	25. Was case referred to medical axeminer? 1 ☐ Yas 2 ☑ No Hospital: 1 ☑ Inpatiant 2 ☐ ER/Outs	patient 3 DOA	26. Place of Deet	h <i>(Check only on</i> oma 5□ Rasida		ar (Snacih	4)	
Division of Vital	of the	ation: T	27. Mengar of Death 28a. Data of Injury 28b. Ti	ma of 28c. Inju		28d. Describe ho			,	
Divis	tel or Attendi rs after death al Director: / ed in by the f	Certification:	3 ☐ Sulcida 6 ☐ Could not be datermined 28a. Place of Injury - At homa, farm building, atc. (Specify)	m, streat, factory, office		28f. Location (St. City or Town	reet and Numbe , Steta)	er or Rura	l Routa Numb	oer,
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in the completely filled in the f	edical	29a. Cartifiar (Check only one) 1	daath occurred at tha to for Invastigation, in my	ima, data and place, opinion, daath occur	and dua to the ca red at the time, da	usa(s) and ma ata and place, a	nnar as st and dua to	ated. the causa(s)	
	To the within To the company	¥	29b. Signatura and titla of control PGY, /Inter	AS 2	sa number 244 1614 —	40	Augus	t 7	11996	
_			30. Nama and addrass of person who complated cause of death (Item 23a) (Tarek Wazzam, Horbor Hospi	tal Center	3001	South	Hamove	er St,	, Baltim	21231

Sin Savidson-Randelle

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Registrar



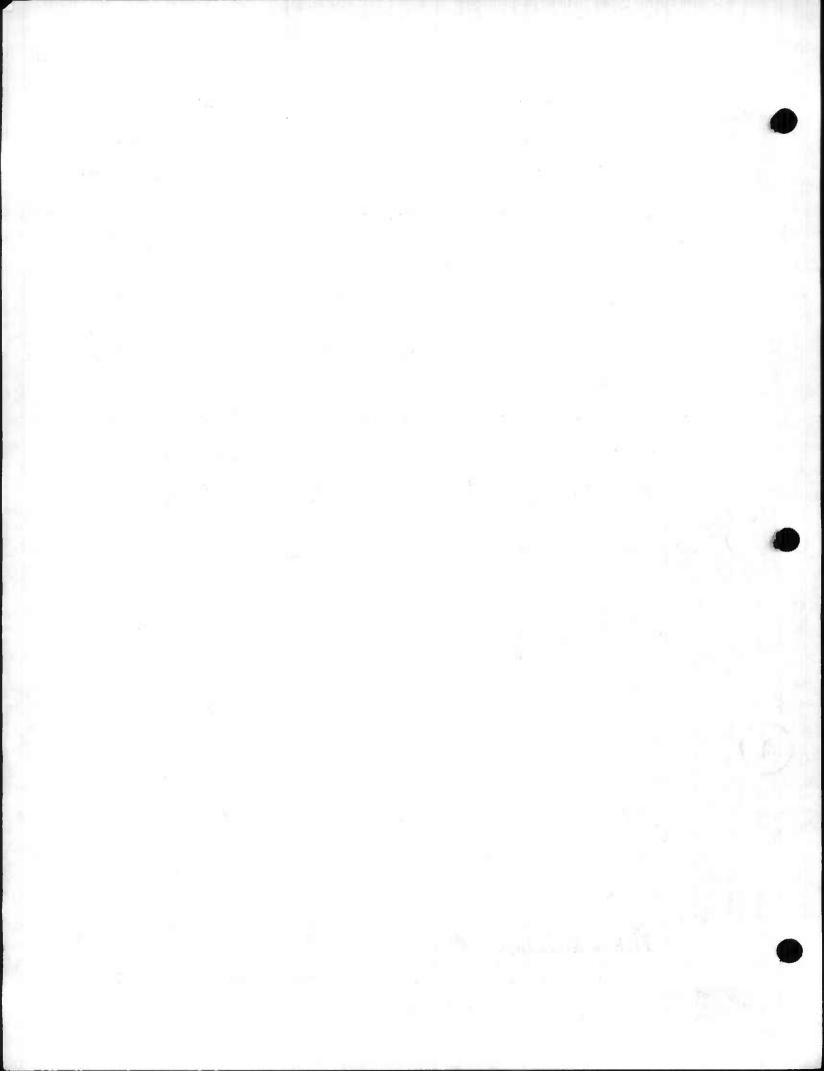
State of Maryland / Department of Health and Mental Hygiene 96 23520

					Certin	ficate (of Death	F	leg. No.	0 6	0020
Physicia	an	1. Decedent's Neme (First, Middle, Las		_				2. Dete of Dee	th		3. Time of Death
/Medic			hur Richa					August	6, 199	96"	2:50 ρ
Examin	er	4e. Fecility Neme (If not Institution, give	The second second					Location of Deeth			
		2605 Sand Hill				illadas 4 V	Ellicott			ard Co	
Funeral Director		5. Social Security Number 6. Se 214–40–9990 Usuel Residence of Decedent	70-	je (In yrs. les. 54		Under 1 Y	eer If Under 24 Hrs eys Hours Min		Year) 1942	9. Birthpled Country Vermo	e (State or Foreign) ont
yland		10e. Stete 10b. County		10c. City, 7	Town or Locati	on				10d.	Inside City Limits
Mar a-fa-f	ctor	Maryland Howard C	County		Ellic	cott	City				1 ☐ Yes 2 No
th with the 23a or 28	Funeral Director	10e. Street end Number 2605 Sand Hill Roa	ıd			10f. Zip Coo 210		1	0g. Citizen of USA		?
A 2 should be lifed within 72 hours after death with the Maryland than d Mental Hygiene. The marked other than "netural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at	þ	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed **D*Divorced	12. Was Decedent Armed Forces? 1 ☑ Yes 2 ☐ I If Yes, Give Yeer or Detes:				of Hispenic Origin? (S Cuben, Mexican, Puer No <i>Specify</i> :	Specify Yes or No- to Ricen, etc.)		ce - Americen ck, White, etc y: White	
72 h	Completed	15. Decedent's Edu (Specify only highest grad	cation e completed)	1	6e. Decedant	's Usuel Od	ccupation	rkina	16b. Kind of B	usiness/Indus	try
na. han	mpi	Elementary/Sacondery (0-12)	College (1-4or 5				one during most of wo tired)				
iled v hygie ther t mt, th		unknow 17. Fathar's Neme (First, Middle, Last)	m		Compute	er Sy	stems Spec	:1al1st me (First, Middle, i			rity Ad.
S should be filed within h and Mental Hygiene. Is merked other than " murratic event, the Me	To Be	Armand Rich					Alice	Cinq-Mar	S		
d 2 st th and 7 ts n		19a. Informent's Neme/Reletionship (T) Ms. Cathy Hodgson/					reet and Number or A ill Road,				
Hoad Hear		20a. Method of Disposition	<u>-</u>	-	e of Disposition				20c. Location -		
Pages nent of net if lie ny or o		1 □ Burial XXCremation 3 □F		cem	etery, cremeto	ory or other	plece)				
artmen ortant: Injury	1	4 Donation 5 □Other (Specify) 21 Signature of Funeral Service Licens	- //	Balt			ngton Crem	1. 8-7-90	Laur	er, Ma	ryland
permit. Pages 1: a Department of Hea Important; if Item: any injury or othe once.		1 1/1-	1	0		Slac	Funeral	Home, P.	Α.		
		23e. P. It1. Enter the diseese, or completions, or haart fellure. List only of	cations that caused	M0053	5	Elli	cott City,	Marylan	d 21043	3	
Dhualaian		winck, or haart fellure. List only or	ne ceuse on eech lin	ne.	DO HOL BIHLBI LI	ie illode oi	dying, such as cardia	c or respiretory em	651,	In	oproximete tervei Between nset end Deeth
Physician /Medical		tranediate Ceuse (Finel	mil	5- 1			11.				7 //
Examiner		disease or condition resulting in deeth)	. TIETHSY				to Live	Y		- 1	omenth
0.100	<u>ē</u>			Due to (or as	s a consequan	ice of):					
ficate be executed physician and is the burial-transit	Examiner	Secure at the that are able to). ———	Due to for se		an af):				i	
the death certificate be executed y the attending physician and sched for use as the bunal-transit	Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Couse (Olsaase or Injury that initiated evants		Due to (or es	e consequen	Ce 01):				1	
ysicle	cal	Ceuse (Disaase or injury that initieted evants)	Due to (or es	e consequen	ce of).				-	
entifica ling ph	Medical	resulting In deeth) Lest	,	200 10 (01 03	o consaquen	00 01).					
attendin for use											
death ne atte ed for	SICI	Pert II. Other significant conditions cor	tributing to deeth bu	ut not rasultin	g in the undar	tylng ceuse	given in Pert f.	23b. Did to	bacco use co	ntribute to th	e cause of death?
- D =	Physician							1)(i) Y	es 2 No	3 Probeb	ly 4 Unknown
5 8 8	2										
should	Completed							24a. Wes e	n eutopsy ned?	avella	eutopsy findings ble prior fo
2 84	pie									of dea	letion of ceuse hth?
# de de	5							1 🗆 Ye	s 200 No	1 D Y	es 2 No
lan: ortifica ctor,	Be	25. Wes cese referred to medical exeminer?					26. Plece of Da	ath (Check only on	e)		
ysic dire	0	1 Yes 2 No	lospitei: 1 🗆 Inpatle	nt 2 ER	/Outpetient 3	B DOA	Other: 4 Nursing I	lome 5 Reside	ence 6 Oth	er (Specify)	
Jing Ph After th funeral		27. Menner of Deeth 1 Neturel 5 ☐ Pending	28e. Deta of Injur (Month, De)	y Year) 28	b. Time of fnjury	28c. I	njury et Work?	28d. Describe ho			
Attending or death. Ctor: After by the fune	atic	2 Accident investigation	(, 2.0)	, , , ,			I Yes 2 No				
or Attend after death Director: / d in by tha i	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injubuilding, etc	ury - At home c. (Specify)	, farm, street,	fectory, off	СВ	28f. Location (St City or Town	reet end Numb n, Stete)	er or Rurel R	oute Number,
4 hour Funer taly fill	edical	29e. Cartifiar (Check only one) 150 Certifying Physical Cartifiant (Check only one)	elcfan: To the best of enar: On the besis of end menner sta	exeminetion	dga, death occ end/or investi	curred at the	a tima, date end plece ny opinion, death occu	e, end dua to tha coursed et tha tima, do	ausa(s) and me ate end plece,	ennar es state end due to the	d. a causa(s)
within 2 To the comple	Me	29b. Signeture and titla of certifier	11	m.D.		100	ense number 8509	2	9d. Dete signe August	d (Month, De)	
		THE POLITE	LIUTOS								
		30. Nema and address of person who co Nicholas Kou					le Patuxer	t Parkwa	y, Colu	umbia,	MD 21044

State Registrar

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State of Maryland / Department of Health and Mental Hygiene

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Physician
/Medical
Examiner

Fu Dir

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mental Hygiene. Innovation: If terms 27 is marked other than "natural." As theme 22s on 28s of 8shows

Baltimore, Maryland 21215-0020

Phys /Me Exar

To the Hospital or Attending Physician: The lew requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and

Division of Vital Records, P.O. Box 68760,

				Certificate of	f Death		Re	ig. No.		400	121
	1. Decedant's Nama (First, Middla, Last						2. Data of Deat	h	V	3. Time	of Death
an cal	EVERETT	G.		ROSS			AUGUST	04 1	996	3:0	02 PM
er	4e. Facility Nama (If not institution, give	streat end number)			4b. City, To	own, or Lo	ocation of Daath	4c. Count	y of Death		
	2412 HARLEM AVE	ENUE			BAL	TIMO	RE	n	one		
	5. Sociel Sacurity Number 6. Sa 220-20-5230 Usual Rasidance of Decadant	7. Aga (In 8 M 2 F	yrs. last bir	thday) If Under 1 Ye Months Day		24 Hrs. Min.	8. Data of Birth (Month, Day, May 20,	Yaer) 1928	9. Birthp Coun Mary	lace (Steti try) Land	a or Foraign
	10a. State 10b. County	100	c. City, Tow	n or Location					1	0d. Insida	City Limits
Director	Maryland none		Balt	imore							s 2 No
	10e. Street and Numbar 2412 Harlem Avenu	e	-	10f. Zip Code 2 1 :	216		10	og. Citizan of	What Coun		
by Funeral	11. Marital Status 1 □ Never Marriad 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Decedant Evar Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas:	In U,S.	13. Was Dacedant of If Yas, specify C 1 ☐ Yas 2 ☐ XN			ecity Yas or No- Rican, atc.)		ce - Amaricack, Whita, a		k
Completed	15. Decedent's Edu (Specify only highast grad Elamentary/Secondary (0-12)	completed) Coilaga (1-4or 5+)		Decedent's Usual Occ (Giva kind of work doi lifa. DO NOT usa ret	ne during mos red)	st of work	Ing	16b. Kind of E United Servic	State		stal
	12 U 17. Fathar's Name (First, Middla, Last)	nknown	Le	tter Carri							
I o Be	William Alfred Ro.	ss, Sr.				a Pa	a (First, Middla, N rker	laiden Suma	ma)		
	19a. Informant's Name/Reletionship (Ty	_		. Mailing Addrass (Stre 703 Ke	1	er or Run					20785
	20a. Method of Disposition		b. Piace of	Disposition (Nama of	11101			Oc. Location			1 80
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i Examiner	rasulting in daath) Sequentielly list conditions, if any, leading to immediata causa. Enter Undarlying Causa (Disaasa or injury)		consequence of):							
n/medical	Causa (Disalasa of Injury that initiated events resulting in death) Last	Dua t	o (or es a c	consequence of):							
S	Part II. Other significant conditions con	tributing to death but not	rasulting in	the underlying course	niven in Part I	1	22h Did tol	SECCO USO CO	ontribute to	the cause	of doub?
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cei micanon.	2 Accidant Investigation 3 Suicida 6 Could not be detarmined		At home, fa		☐ Yas 2☐		28f. Location (Str. City or Town,	aat and Num Stata)	ber or Rura	l Routa Nu	mbar,
Calcai C	29a. Certifier (Check only one) 1 Certifying Physical Control	iclen: To the best of my er: On the basis of exen and mannar stated.	knowledge, ninetion end	daath occurred at the	tima, data an oplnion, dae	d place, a	and dua to tha ca ed at tha tima, da	usa(s) and m te end place,	anner es sta end due to	ated. tha ceuse	(s)
E	29b. Signature and titla of cartifier Onald 4. (Vight MI			.C.M.	Ε.		d. Data signo			
e	30. Nema and address of person who co Donald G. Wrigh 31. Data filed (Month, Day, Year)	mpleted causa of death (t M.D. 11 32. Registrer's S	1 Per	Type, Print) nn Street	, Bal	tim	ore, Ma	ryla	nd 21	201	

Registrar

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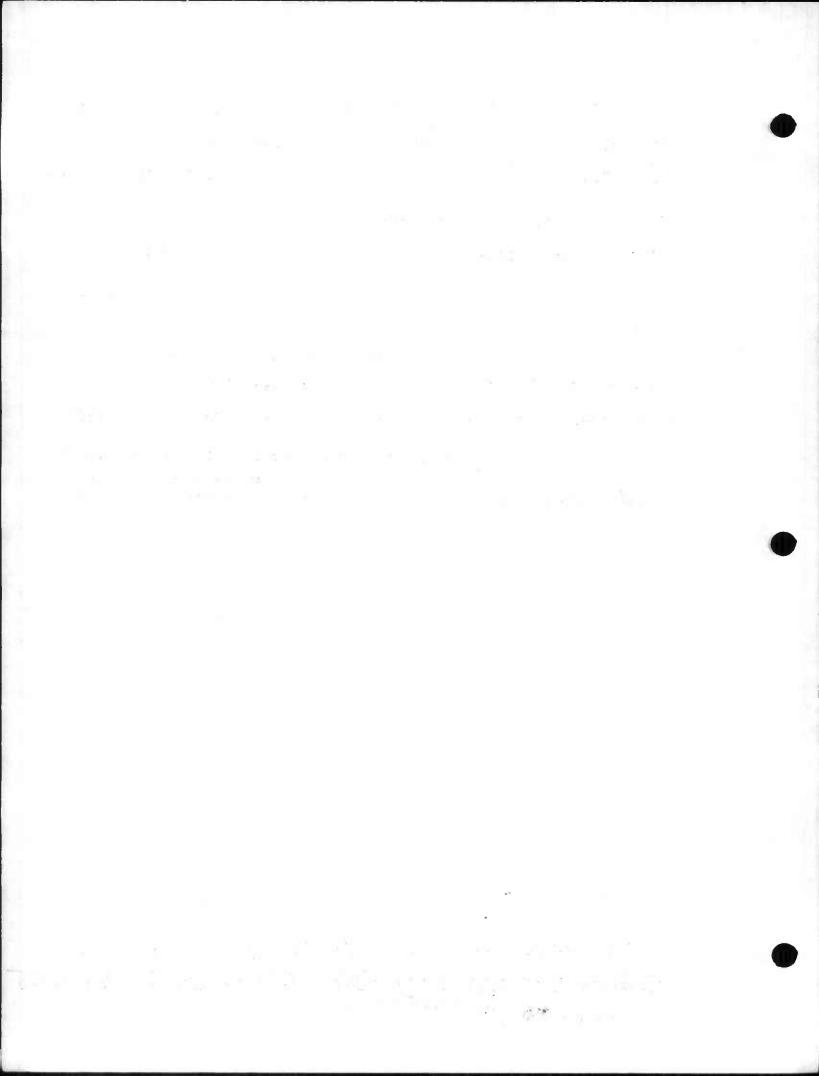
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hydiene

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	Dhualai		1. Decedent's Neme (First, Middle, Las						2. Dete of De Month		Year	3. Time of Deeth	
	Physici /Medi		Juanit	a P. Rob	inson	•			_	4 1996)	9:49 AM	1
	Examir		4e. Facility Neme (If not Institution, give	street end number)				4b. City, Town, or	Location of Deet	4c. County of	of Deeth		
1			1802 S. Charl	es Stree	t			Baltimo			Cit	У	
	Funeral Director		5. Social Security Number 220-22-7044 Usuel Residence of Decedent	7. Age	75		If Under 1 Yes Months Dey		8. Dete of Bir (Month, De Feb.	th ly, Year) 9,1921	9. Birthpi Count Wes	ece (Stete or Foreign try) t Virgin	n 1 i
	Due & m		10e. Stete 10b. County		10c. City, To	own or Loca	tion				10	Od. Inside City Limits	
	r 28a-f ahow	ector	Md. Cit	У	Balt	imor						1 XYes 2 No	
	deeth with the Meryland ms 23s or 28s-f show must be notified at	Funeral Director	1802 S. Charl					230		10g. Citizen of W USA	hat Count	ry?	
020	or its	by	11. Meritel Status 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 Yes 27 N If Yes, Give Yeer or Detes:	ever in U,S.		s Decedent of es, specify Cu	Hispanic Origin? (suban, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	14. Reca Bleck Specify:	- America k, White, 6 Wh		
21215-0020	- 9	To Be Completed	15. Decedent's Edi (Specify only highest gred Elementery/Secondery (0-12)	ucation de completed) College (1-4or 5-	16	Sa. Deceder (Give kir life. DC	nt's Usuei Occ nd of work don NOT use reti	upation e during most of wo red)	orking	16b. Kind of Bus	siness/Ind	ustry	
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land	id be file ental Hy sed oth	o Be (17. Fether's Neme (First, Middle, Last) Cannie James	Mallette					me (First, Middle La Bell	Maiden Sumeme Light	9)		
Maryland	and 2 should be sith and Ments 27 is marked or traumetic ex	F	19e. Informent's Neme/Reietlonship (7) Pete Liadeles /	ype, Print) Liadel Son-in-1	is aw	9b. Meiling 142	Address (Stre	et end Number or R Charles	oral Route Numb	er, City or Town, S to Md	State, Zip	Code) 230	
Baltimore,	pamit. Pages 1 and 2 should be filed withir Department of Health and Mental Hygiene. Important: if Item 27 is married other than may injury or other traumatic event, fire Manaba.		20e. Method of Disposition Buriel 2 Cremetion 3 4 Donetion 5 Other (Specify,		20b. Pleca ceme Glen	of Disposit tery, creme 1 Hav	ion (Name of tory or other p en Me	m.Cemt.	Dete B/7/96	20c. Location - 0			
Balti	permit. Departm Importa any inju		21. Signeture of Funerel Service License	//	/			ress of Fecility	_	Funera more, N			
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Ó	tificete be execu ig physician end es the burial-trai	Ŭ.	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events										
68760,	hysic the br	Aedicai	that initiated events resulting in death) Lest	c	Due to (or es	e conseque	nce of):						
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Box	death o	lan		u									
o.	the de	Physician/	Part II. Other significant conditions co	ntributing to death bu	t not resulting) in the und	erlying cause (given in Pert I.	23b. Dld	tobacco uae con	tribute to	the cause of death?	?
Q.	that ed b	by Ph							10	Yes 2□ No	3 Prob	ably 4 ☐ Unknow	m
Records,	requii	Completed								en eutopsy ormed?	con	re autopsy findings illable prior to appletion of cause death?	
R	sician: The lew certificate has b lirector, page 2 s	E O							10	Yes 2 10	1 🗆	Yes 20No	
Vital		Be	25. Wes case referred to medical exeminer?					26. Place of De	eth (Check only	oge)			
of V	> 0	2	1 Yes 2 No	Hospitel: 1 🗆 Inpatier	nt 2 ER/	Outpatient	3□ DOA	ther: 4 ☐ Nursing I	Home 5 Aesi	denca 6 Othe	r (Specify)	
ion	Attending Pi	ation:	27. Menner of Death 1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigation	28a. Dete of Injury (Month, Day	Year) 28b	. Time of Injury		ury at ork? ☐ Yes 2 ☐ No	28d. Describe	how Injury occurre	ed		
Division	D eft o	Certification:	3 Suicide 4 Homicide 6 Could not be determined	28e. Pieca of Inju- building, etc.		ferm, stree	t, fectory, offic	a	28f. Location (City or To	Street and Numbe wn, State)	r or Rural	Route Number,	
	Hospital 24 hours Funeral	edicai	29e. Certifier 1 Certifying Phy (Check only one)	sician: To the best of ner: On the basis of end menner stet	examinetion (ge, deeth o	ccurred et the stigation, in my	time, dete end plece opinion, deeth occ	e, and due to the urred et the time,	cause(s) and mar date end piaca, a	ner as stond due to	ated. the cause(s)	
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			30. Name and address of person who could be seen a seen and address of person who could be seen a seen and a seen	es MD	37	2/1	Pole	e SIR	rel t	87610	me	1 2/225	5
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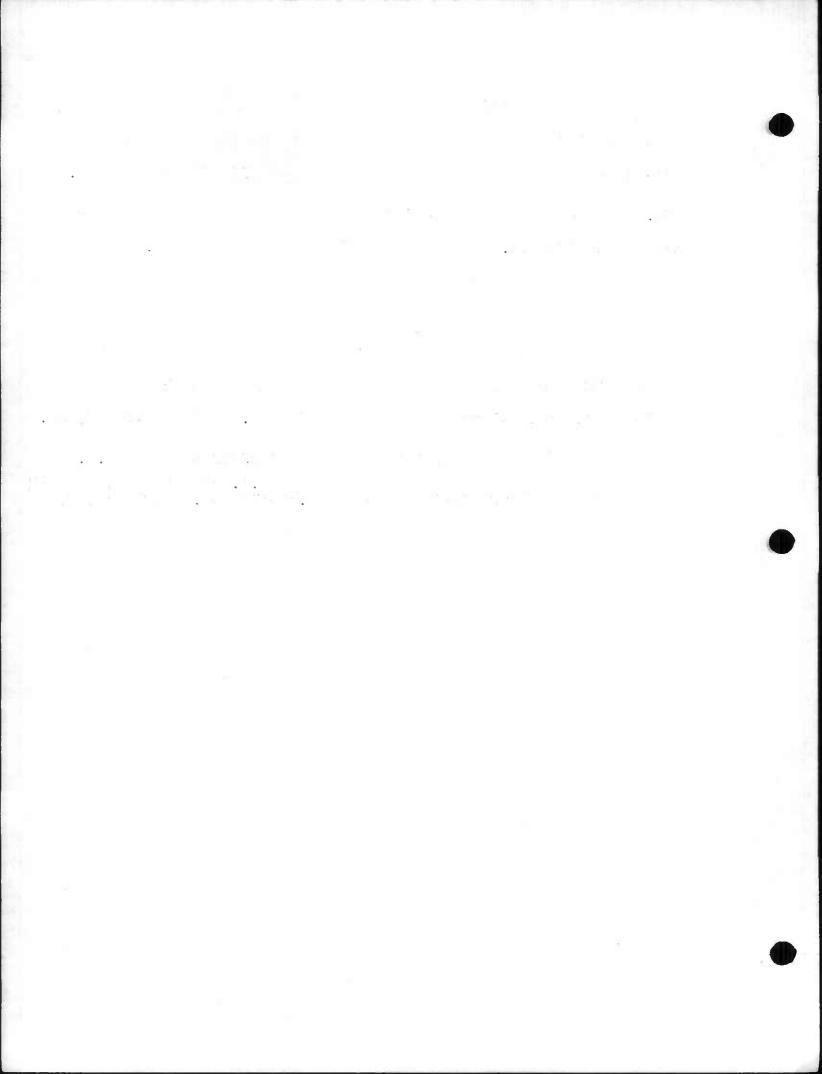


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	an	1. Decedent'a Neme (First, Middle, Las						2. Data of De Month	eth Day	Yeer	3. Time of Death		
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Funeral		a.l	DAM OFF		Montl			(Month, Dev. Year) Country)					
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how		10a. Stete 10b. County	100			,		10d. Inside City Lim					
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e or 2		10e. Street and Number 1401 LAKEWOOD	AVE.		10f.	Zip Code 2121	.3		10g. Citizen of U . S	Whal Countr	y?		
THE 23	era	11 Marital Status	12. Was Decedant Evan	in U.S.	13. Wes Da	cedent of H	lispenic Origin? (S	pecity Yas or No	- 14. Rac	e - America	n Indian.		
T Par	F.	1 Never Married 2 Merried	Armed Forces? 1 ☐ Yes 2 🛣 No				an, Mexicen, Puar	o Rican, atc.)	Bie	ck, Whita, at	tc.		
al', o	þ	3 ₩idowed 4 Divorced	If Yes, Give Yaar or Dates:		1 🗆 Yas	2 ☑ No	Specify:		Specif	y: BL	ACK		
Signal	ted	15. Decedent's Edi	ucetion	18a.	Decedent's U	suel Occup	etion	deina	16b. Kind of B	uainess/Indu	ustry		
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		23a. Pert1. Enter the disease, or comp	ications that caused the								Approximate		
hysician		shook, or heart foliate. List only o	are couse on each line.								interval Between Onsat and Death		
		Immediate Cause (Final diseasa or condition	PN	EUM	ONI	A.							
Adminici	_	resulting in deeth)											
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after Dire d in b	ert	4 Homicide	building, etc. (S	ecity)	, 0,1001, 100	,,							
29a. Certifier Check only 2 Medical Examiner: On the basis of examination and/or inv					deeth occurr	ed et the tir	ne, date and plece	, and due to the	cause(s) end m	anner as sta	ted.		
Check only 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion and manner steted.						pinion, deeth occu	irred at the time,	dete and place,	and due to t	he cause(a)			
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g .		Mara	f, MD			049	5186.		AUG.	-2-1	996.		
g													
		30. Neme end eddress of person who co					AL BA						
	hours after death. Inportant: If item 27 is marked other than "natural", or item 23e or 28e-1 show and any inject in by the funeral director, page 2 should be detached for use as the buriel-transit any inject in by the funeral director, page 2 should be detached for use as the buriel-transit any inject in by the funeral director, page 2 should be detached for use as the buriel-transit and inject in by the funeral director.	We hour after death. Function: To Be Completed by Physician/Medical Examiner.	CHURCH HOME HOSE CHURCH HOME HOSE CHURCH HOME HOSE Social Security Number 6. Sk 2 5 4 - 2 0 - 4 8 9 9 Usuel Residence of Decedent 10a. Stete 10b. County MD	Second Security Number Second Second Security Number Second Secur	CHURCH HOME HOSPITAL S. Social Security Number 2.5.4—2.0—4.899 Usual Residence of Decedent 10a. Stelet 10b. Stelet 10c. Stelet 10b. Stelet 10c. Stelet 1	CHURCH HOME HOSPITAL S. Social Security Number 5. Social Security Number 2. 5. 4 - 20 - 48.99 EM 2 F 7. Age (in yrs. lest birthday) 10. Stele 10. City, Town or Location MD. N/A 10. Stele 10	CHURCH HOME HOSPITAL CHURCH HOME HOSPITAL S. Social Security Number 1. Se	CHURCH HOME HOSPITAL CHURCH HOME HOSPITAL CHURCH HOME HOSPITAL Social Social Social Social Number 2 54-20-489 10-20-4899 10-20-4899 10-20-4899 10-20-4899 10-20-4899 10-20-4899 10-20-4899 10-20-4899 10-20-4899 10-20-4899 10-20-4899 10-20-20-4899 10-20-20-4899 10-20-20-4899 10-20-20-4899 10-20-20-4899 10-20-20-4899 10-20-20-4899 10-20-20-4899 10-20-20-4899 10-20-20-4899 10-20-20-4899 10-20-20-4899 10-20-20-4899 10-20-20-4899 10-20-20-4899 10-20-20-4899 10-20-20-4899 10-20-20-20-4899 10-20-20-20-4899 10-20-20-20-4899 10-20-20-20-4899 10-20-20-20-20-4899 10-20-20-20-20-20-20-20-20-20-20-20-20-20	CHURCH HOME HOSPITAL Social Security Number Call Suss Social Security Number Call Suss Call Sus Call Sus	CHURCH HOME HOSPITAL S. Social Security Number S. Social Security Number	CHURCH HOME HOSPITAL 5. Social Security synthetic properties of the control of t		

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	Exami		4e. Fecility Neme (If not institution, give	street end number)				4b. City, Town, or					
			3024 FISTH AVE					PARKVILL	E	BAL	TIMO	RE	
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	yland		10e. Stete 10b. County	1	Oc. City, Town	n or Location					1	I0d. inside Ci	ty Limits
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	h wil	a	3024 FIFTH AVE				212	.34		USA			
20	d 2 should be filed within 72 hours after death with the Manyland the and Mental Hyglene. It is marked other than "nature!", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at	by Funeral Director	11. Meritei Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Eve Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:	er In U,S.		ecedent of specify Cut s 2 No	Hispanic Origin? (Spen, Mexican, Puer Specify:	pecify Yes or No to Rican, etc.)	14. Red Bie	ck, White,	etc.	
21215-0020	"naturel".		15. Decedent's Edu		169	Decedent's II	Isuai Occu	nation		16b. Kind of B			
15	n n	Completed	(Specify only highest gred	e completed)		(Give kind of life. DO NO	work done Tuse retire	pation during most of wo ed)	rking	TOD. TANG OF D	DON TOO STITE	dustry	
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	off-	BeC	17. Father's Neme (First, Middle, Last)					18. Mother's Nar	me (First, Middle	, Meiden Sumen	ne)		
Maryland	should be nd Mental marked c	ToB	JOHN STRAMA					MARY	ZAWAI	A			
any	short and house		19e. informant's Neme/Reletionship (Ty	pe, Print)	19b	. Meiling Addr	ess (Stree	t and Number or Ri			State, Zip	Code)	
	1 and 2 Health e em 27 la		SOPHIA L. STRAMA	SPOUSE	30	24 FIFT	th Ave	BALTO.	Md. 212	34			
re	of He r		20e. Method of Disposition		20b. Piece of	Disposition (i	Neme of		Dete	20c. Location -	City or To	own, State	
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	igne bed	b											
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Division	r Atte	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Piece of Injury building, etc. (S	- At home, fe	rm, street, fec	tory, office		28f. Location (City or To	Street and Numb wn, Stete)	oer or Rura	al Route Num	ber,
Δ	o lation of the party of the pa	Cer			-,,/					,,			
1	To the Hospital or Attending Phys within 24 hours after death. To the Funeral Director: After this completaly filled in by the funeral directors.	edical	29e. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	nician: To the best of m	aminetion end	, deeth occurr d/or investiget	ed at the t	ime, dete end plece opinion, deeth occu	a, and due to the erred at the time,	cause(s) end ma dete and plece,	anner as si and due to	tated. the cause(s)
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	४म्इम		Matilda H	S				26250		1	196		
							(1-0000		01 ,	110	•	
	6		30. Name and address of person who co		n (Item 23e) (V	01	SS		0.5		
	/	t a	MATILDA 31. Dete filed (Month, Dey, Yeer)	32. Registrer's	Signature	144/	JOIN	Rd LUTH	ERVIlle, M	19.510	75.		
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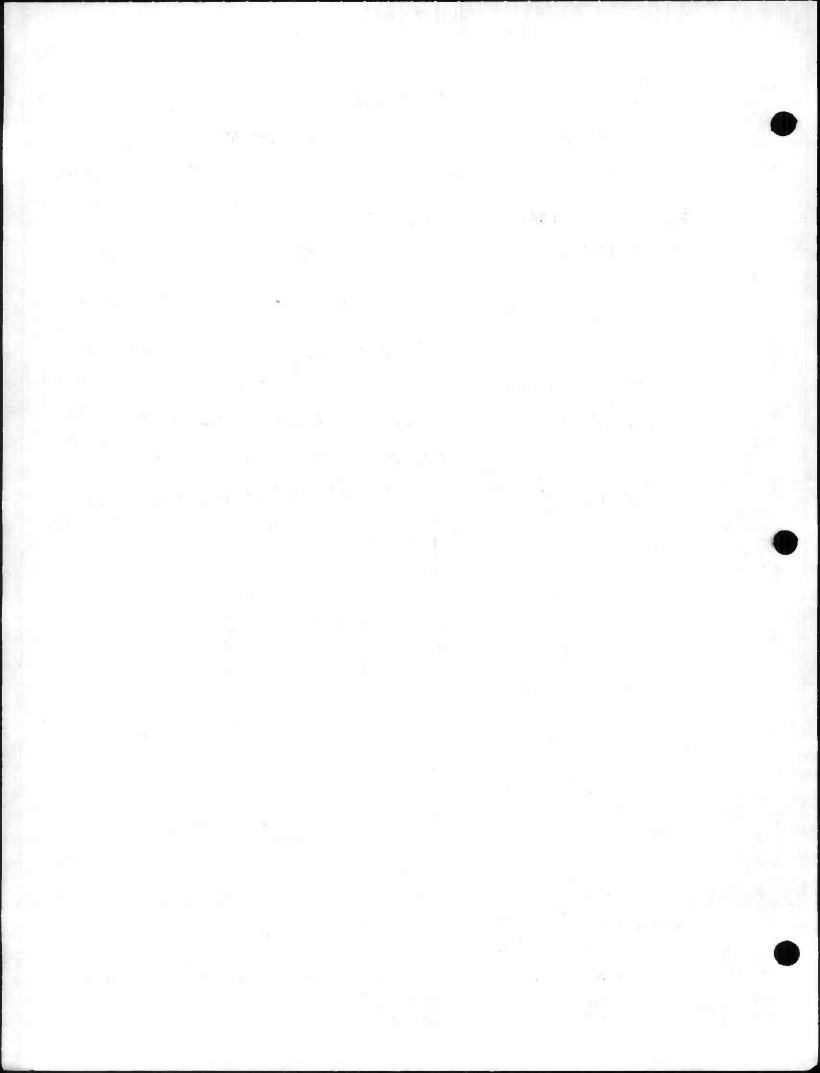
State of Maryland / Department of Health and Mental Hygiene 96 23525

Physicia /Medic Examin		1. Decedent's Name (First, Middle, Las IRM A						2. Dete of De	Reg. No.				
		= 1 1 1/1	//	OCHEF	ERM	NAN		Month AUGUST	Day	Year 96	3. Time of Death		
		4a. Facility Name (If not Institution, give	street and number	PITAL			BALTI.	MO RE, MS	>	of Death			
Funeral Director		5. Sociel Security Number 217-18-5135 6. Security Number 217-18-5135	7. A	ge (In yrs. lest 85	Yrs.	If Under 1 Year Months Days	If Under 24 H Hours Mi	rs. 8. Date of Bin Month, Da	th Year) 910	Coun	lace (State or Fore itry) RYLAND		
ž		10a. State 10b. County		10c. City, To	own or Loca	cation 10d. Inside City Lin							
4 show	tor	MARYLAND BALTIM	ORE	В	BALTIM	IORF		11					
23a or 28a-f at be notifie	al Director	10e. Street and Number 1137 GRANDVILLE				10f. Zip Code	21207		10g. Citizen of \	What Coun			
tal Hygiane. d other than "natural", or itams 23s or 28s-f ehow event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Nover 4 Divorced	12. Was Decedent Armed Forces 1 Yes 2 X If Yes, Give Year or Dates:	?	If.	'as Decedent of Yes, specify Cub	en, Mexican, Pu	(Specify Yes or No erto Rican, etc.)		e - Americ ck, White,			
iane. than "natural", or the Medical Exami	Completed	15. Decedent's Edu (Specify only highest grad	cation e completed) College (1-4or		(Give ki life. Do	ent's Usual Occu ind of work done O NOT use retire	during most of word)	rorking	16b. Kind of Bi	AIL S			
nd Mental Hygiane. marked other than matic event, the M	Be C	17. Father's Name (First, Middle, Last)				TLEO OLL		eme (First, Middle,		_	ALLO		
	ToB	CHARLES LUTI	HARDT				ELI	ZABETH	HILL				
th and Men 7 Is marke traumatic		19a. tnforment's Name/Relationship (T)	rpe, Print)	1	19b. Mailing	Address (Stree	t and Number or	Rural Route Numbe	er, City or Town,	State, Zip	Code)		
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- = 0		20e. Mathod of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ F	Jamauai from State		of Disposi etery, crema	ition (Name of atory or other ple	ice)	Date	20c. Location -	City or To	wn, State		
Department of Important: If Ite any Injury or o once.		4 Donation 5 Other (Specify)	removal irom State	WOO	DLAWN	CEMETE	RY	8-12-96	BALTIM	ORE,	MD		
nysician		23a. Part1. Enter the disease, or compleshook, or heart failure. List only of	ications that eause ne cause unleach I		o not enter	the mode of dyi	ng, such as cardi	HOME, P. D, PASADE ac or respiratory as	.A. ENA, MD rest,	2112	Approximate tntervel Between Onset and Death		
Medical xaminer		tmmediate Cause (Final disease or condition resulting in death)		Cib Clor		l as	cerz				months		
æ	ner			cano		unou ory.					months		
trans	Examiner	Sequentially tist conditions,	0	Due to (or as a consequence of):									
<u> </u>		Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury											
	/Medicai	that initiated events resulting in death) Last											
d for	Iclai	Part It Other significant conditions con	stribustina to double b		- le Ne	tank dan sasaran at		not place					
d by the leteche	by Physician	Part It. Other eignificant conditions cor	itributing to death b	out not resulting	g in the und	errying cause gr	ven in Part t.		yes 2□ No		the cause of deat		
has been signed 2 should b	Completed							24a. Was perfo	en eutopsy med?	cor	ere autopsy findings allable prior to appletion of cause death?		
certificate he rector, pege								1 🗆 Y	es 2D(No	1 🗆	Yes 2 No		
	o Be	25. Was case referred to medical examiner?	lospital:			Ott	nor:	eath (Check only o					
£ 'a '		1 ☐ Yes 2 ☐ No 27. Menner of Death	28e. Date of Inju		Outpatient o. Time of	3LI DOA	4 Li Nursing	Home 5 Resid	lence 8 Other)		
aftar death. Director: After I in by the fune	cation	1 Detural 5 Pending investigation	(Month, Da	y Year)	tnjury	28c. Inju Wo M 1 □	rk? Yes 2 □ No	200. Describe	iow injury occur	6 0			
s aftar d of Direct of in by	Certification:	3 Suicide 6 Could not be determined	28e. Placa of Inj building, et	ury - At home, c. <i>(Specify)</i>	farm, stree	et, factory, office		28f. Location (S City or Tow	Street and Numb m, Stete)	er or Rurai	Route Number,		
24 hou Funer stafy fill	edicai	29a. Certifier (Check only one) 1 Certifying Phys	stclan: To the best ner: On the basis of and manner str	examination (ige, death o end/or inves	occurred at the til stigation, in my o	me, date and pleo opinion, death occ	ce, and due to the courred et the time, o	cause(s) and me date and placa, a	nner es stand due to	ated. the cause(s)		
To the		29b. Signeture end title of certifier	01			29c. Licens	se number		29d. Dete signed				
o l		tal	LL			D4	4701		AUGUS	57 8	196		

Registrar

AUG 08 1996





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. Tima of Deeth PHILIP August 7° 1996 ar 500 AM NORMAN SCHULER 4a. Facility Neme (If not Institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death 9918 Philadelphia Road Nottingham Baltimore If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) Months Days Hours 1⊠M 2□F 215 10 8392 83 Yrs Maryland Usual Rasidance of Dacedant 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Nottingham 1 ☐ Yes 2 ☐ No 10f. Zip Coda 21237 10e. Street and Numbar 10g, Citizan of What Country? 9918 Philadelphia Road USA Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, spacify Cuban, Maxicen, Puarto Rican, atc.) 12. Was Decedent Ever in U,S. Armed Forcas? 14. Rece - American Indian, Biack, Whita, atc. 1 ☐ Naver Married 2 ☐ Married 1 Yes 2 No If Yas, Giva Yaar or Dates: White 1 ☐ Yes 2 ☐ No Specify: 3 ₩idowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) Coilega (1-4or 5+) Crown, Cork-Seal Machinist 12 17. Father's Nama (First, Middla, Last)
Philip Schuler 18. Mothar's Nama (First, Middla, Maiden Sumeme) Grace Burkins 19a. Informant's Name/Relationship (Type, Print)
Sharon Waddill, Niece 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 7836 Gough Street Balto., Md. 21224 20b. Place of Disposition (Nama of cemetary, crematory or othar place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stete 1 □ Burial 2 □ Cremetion 3 □ Ramoval from Steta 8-10-96 Eastwood, Md. Oak Lawn Cemetery 4 □ Donation 5 □ Other (Specify) 22 Nama and Address of Eacility Charles S. Zeiler & Son Inc. 21. Signeture of Funarai Sarvice Licenses 6224 Eastern Ave. Balto., Md. 23a. Part1. Entar the disaasa, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or raspiratory arrast, shock, or haart failure. List only one ceuse on each line. Approximate Interval Batween Onsat and Death Immediata Cause (Final diseasa or condition rasulting in death) Due to (or as a consequance Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of): that initiated events rasulting in daath) Last Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23h. Did tobacco use contribute to the cause of death? 1 Yes 2200 3 Probably 4 Unknown 24b. Were sutopsy findings availabla prior to complation of ceuse of death? 24a. Was an autopsy performad? 2 No 1 Yas 1 ☐ Yes 2 ☐ No 25. Was casa rafarred to medical axaminar? 26. Piaca of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding invastigation Natural 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) 4 ☐ Homicide Cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the ceusa(s) and manner as stated.

Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data end place, and due to the ceuse(s) and manner stated. (Check only one) 29b. Signature and titia of certifian 29c. Licensa number 29d. Data signed (Month, Day, Year)

Box 68760, Division of Vital Records, P.O.

To the Hospital or Attending Physician: The law requires thet the death certificete be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for the act the huntal broads.

Physician

/Medical

Examiner

Director

Funeral

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Completed

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Physician/Medical

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Certification: To

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10a. Stata

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Funeral

Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic avent, me Medical Examinet must be notified.

Physician /Medical

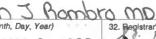
Examiner

Baltimore, Maryland 21215-0020

State Registrar

31. Data filed (Month, Day, Year)

29a. Certifier



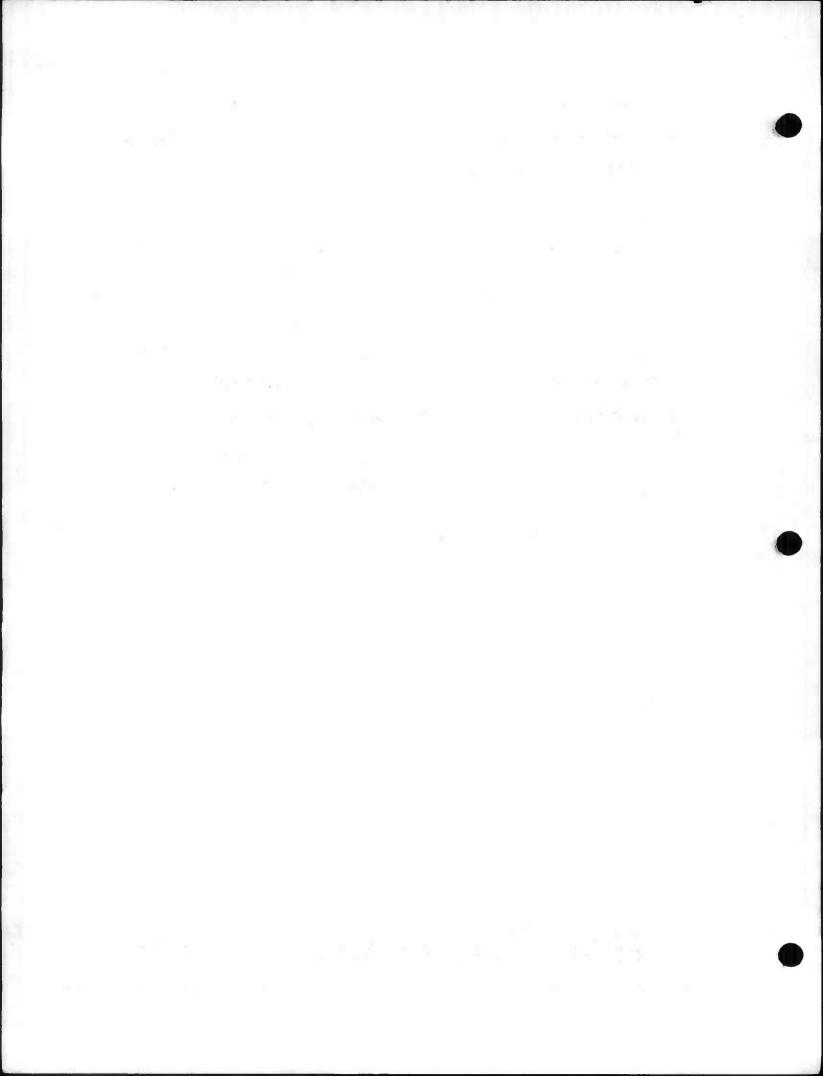
address of person who comp



ceuse of death (Itam 23a) (Type, Print)

avenue Baltimore 21220 selage

DHMH 16 Rev 6/95



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Examiner	4	ecility Neme (If not institution 1043 Church							4b. City, Town, o	Location of Deet	-	y of Deeth	
unerai irector	1	63 Sequrity 349 ber 90 14 2379	6. Sex	7. Ag	e (In yrs. 80		nday) If Un Mont	der 1 Yeer hs Deys		. (Month, De	th ey, Year) , 1916		elece (Stete or Foreigntry) nsylvania
W M		Residence of Decedent State 10b. Coun	ty		10c. Ci	ty, Town	or Location					1	0d. inside City Limit
be notified Director	Ма	ryland N/	'A		Ba	altir	nore						1 XYes 2 □ N
val be n		Street end Number .043 Church S						Zip Code 212:			10g. Citizen of U • i		itry?
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= ŏ	1 4	Method of Disposition ☑ Buriel 2 ☐ Cremation ☐ Donetion 5 ☐ Other (Specify)		0	emetery,	Disposition (in cremetory of the Cost (in cost)	or other ple		8/7/96	20c. Location Baltimo		wn, Stete Maryland
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lled in by		☐ Homicide deterr	mined	28e. Place of Injubulding, etc	. (Specify	r)				City or To			
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3. Tima of Death Yasr

Funeral Director

the Maryland

7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be not the all filed within 72 hours after Hygiene. "natural". permit. Peges 1 and 2 should be filed within 7; Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "na any Injury or other traumatic event, fine Media. Once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

State Registrar

physician and s the burial-transit The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760. be det Š Completed certificate Hospital or Attending Physician: 24 hours after death. Be Medical Certification: To this After d in by the f To the Hospital o within 24 hours aff To the Funeral Di completely filled in

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death EVA I. Month STALLMAN AUGUST 1996 2.35 AM 4s. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner GLEN BURNIE NORTH ARUNDEL HOSPITAL ANNE ARUNDEL 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 6. Sax 9. Birthplaca (Stata or Foraign 1□M 2×F Yrs. BaltimoreMd 218-10-9282 80 Aug. 17-1915 Usual Rasidance of Decedant 10a. State 10h County 10c. City, Town or Location IOd. Insida City Limits Md. 1 XYas 2 No Director City Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1515 Patapsco Street 21230 USA Funeral 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Raca - American Indian, Black, White, etc. 1 Navar Married 2 Married 1 ☐ Yas 2 ☐ No Specify: white by 3 Widowed 4 □ Divorced Completed Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 3 housewife home owner 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maldan Surnama) Be John Nagel Margaret Rafferty 19a. Informant's Name/Ralationship (Type, Print) Margaret 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Magaret Mileo/daughter 770 204th Street Pasadena, Md. 21122 20b. Placa of Disposition (Nama of 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata Holy Cross Cemetery X Burial 2 Cramation 3 Ramoval from State 8/8/96 Baltimore, Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Addrass of Facility McCully Funeral Home 21. Signature of Funeral Service Licensee 130 E. Fort Ave. Baltimore, Md. ulla 21230 23a. Part I. Enter in disaasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory srrest, shoots, or heart failure. List only one cause on each line. Onsat and Death Immediata Causa (Finel 5 days Phenmonia disaasa or condition resulting in death) Due to (or as a consequence of): Physician/Medicai Examiner Sequantially list conditions, if any, leading to immadiata causa. Entar Underlying Cause (Diseasa or injury that initiated avants resulting in death) Last Dua to (or as a consequence of): Dua to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death?

Alzheimeris dementia

Bladter cancer

1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown

24a. Was an autopsy performed?

1 ☐ Yas 2 No

24b. Wara autopsy findings available prior to completion of cause of death? 1 ☐ Yas 2 X No

25. Was casa rafarred to medical 28. Placa of Death (Check only one) Hospitel: 1 Nnpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No 28a. Data of Injury (Month, Day Year) 27. Mannar of Desth 28b. Tima of 28c. Injury st Work? 28d. Dascribe how Injury occurred

5 Panding Invastigation 1 Naturel 2 Accidant 6 Could not be datarmined 3 Suicida

1 ☐ Yas 2 ☐ No 28a. Place of Injury - At homa, farm, streat, factory, offica building, etc. (Specify)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29b. Signatura and titla of cartifiar M.D.

29c. Licansa number

12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29d. Data signed (Month, Day, Yaar) 08-06-1996

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

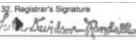
NORTH ARUNDEL HOSPITAL, 300 HOSPITAL DR. GLEN BURNIE, MD 21061 IRAKLIS LIVAS MD

31. Data filed (Month, Day, Year)

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State of Maryland / Dep

partment of Health and Menta	al Hygiene	96	2352
ertificate of Death			

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amin		4a. Facility Name (If not Institution,	give street and r	rum <i>ber)</i>				4b. City, Town, or L	ocation of Deeth	4c. County	of Death	
		GOOD SAMARI	TAN HOS	SPITAL				BALTIM	ORE	N.	/ A	
eral		5. Social Security Number	6. Sex	7. Age (In yr	s. last birthday)	If Un	der 1 Year	If Under 24 Hrs.	8. Date of Birtl (Month, Day	J.	9. Birthpl	ace (State or Foreign
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	by Funeral Director	MD N	A	Ba	altimo	1	71. 0. 1.					
	급	Toe. Street and rumber					Zip Code			10g. Citizen of	What Count	ry?
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	S.	11. Marital Status	Armed I		U,S. 13. \	Was De If Yes, s	pecify Cube	lispanic Orlgin? (Sp en, Mexican, Puerto	pecify Yes or No- o Ricen, etc.)	14. Rad Blad	a - Americe ck, White, e	
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	Q D		Year or	Dates:							BTS	
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	E	Elementary/Secondary (0-12)	College	(1-4or 5+)			use retired					
		1.2 17. Father's Name (First, Middle, L	ant)		Deli	Ma	nage		- /Fina Adiddle	Stor		
	Be	17. Pather's Name (Pirst, Middle, L	ast)					18. Mother's Nam	ie (First, Middle,	Maiden Suman	10)	
	2	TC Crawford						Netti	e Crawf	Ford		
		19a. Informant's Name/Relationsh	p (Type, Print)		19b. Maltir	ng Addre	ess (Street	and Number or Ru	ral Route Numbe	r, City or Town,	State, Zip	Code)
		Michael Sims,	/son	1	87	V S	tree	t NW Wa				
		20a. Method of Disposition State Burial 2 Cremation	Removal from		Place of Dispo cemetery, cren	n <i>atory</i> o	lame of r other plac	(e)	Dete	20c. Location -	City or Tov	vn, State
		4 □ Donation 5 □ Other (Spi			estern	St	ar		Aug 8	Balti:	more	Md
eğ.		21. Signature of Funeral Service Li	censee					ss of Facility				
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	7	23a Part I. Enter the Sinease, or o	omplications that	caused the de	ath. Do not ente	600 er the m	Lib ode of dyln	erty He	ights a	ave Ba		Approximate
an	4	aflock, or heart thilure. List o	nly one da lise on	each line.								Interval Between Onset and Death
al		Immediate Cause (Final										
r		disease or condition resulting in death)	a Hype					lerotic	Cardio	ovascu	lar l	Disease
4	6			Due to	(or es a conseq	uence d	f):					
- 1	盲		b									
	Examiner	Sequentially list conditions, if any, leading to immediate		Due to	(or as a conseq	uenca c	1):					
		Cause (Disease or injury	C								i	
	Medical	that initiated events resulting in death) Lest		Due to	or as e consequ	uence o	f):					
			d									
	20										1	
	Physician	Part II. Other significant condition	contributing to	death but not re	sutting in the ur	nderlying	g cause giv	en in Part I.	23b. Did to	obacco use co	ntribute to	the cause of death?
		ASTHMA							1 🗆 Y	∕es 2□ No	3 Prob	ably 4 Unknown
	2									-		
1	ě								24a. Was a perfor	an autopsy med?	avai	e autopsy findings lable prior to
	ᆵ								INSPE	ECTED	of de	pletion of cause eeth?
	Completed									es 2 No	10	Yes XXNo
	Be	25. Was case referred to medicel						26. Place of Deal				
	0	examiner? 1 ☑ Yes 2 ☐ No	Hospital:	Inpatient 2	ER/Outpatien	t 3🗆	DOA Oth	or	ome 5 Reside		er (Specify)	
	ü	27. Manner of Death	28a. Date	of Injury	28b. Time of		28c. Injun Work		28d. Describe h			
	atio	1 Natural 5 ☐ Pending 2 ☐ Accident Investiga		nth, Day Year)	Injury	М		k? Yes 2 □ No				
	ertlfication:	3 Suicide 6 Could no	ed 286. Pled	e of injury - At	home, ferm, stre	eet, fact	ory, office		28f. Location (S		er or Rural	Route Number,
	ert	4 ☐ Homicide	bulk	ling, etc. (Spec	ify)				City or Town			
	C	29a. Certifier 1 Certifying	Physician: To th	e best of my kn	owledge, death	OCCUPY	d at the tim	ne, date and placa,	and due to the o	ausa(s) and me	nner as ete	ted
	Medical		taminer: On the l	pasis of examin	ation and/or inv	estigation	on, In my o	pinion, death occur	red at the time, d	late and place,	and due to I	the cause(s)
	Me	29b. Signature and title of certifier				2	9c. License	number	2	29d. Dete signe	1 (Month D	lav Year)

State Registrar

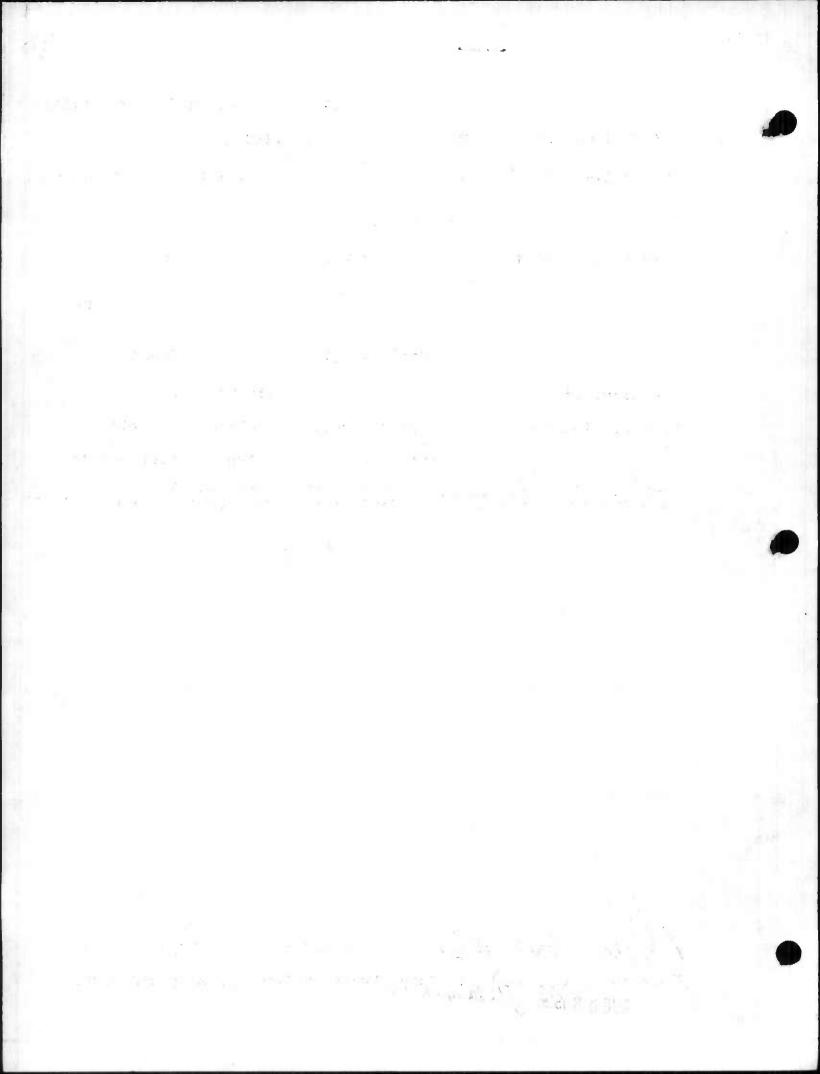
DHMH 16 Rev 6/95

AUGUST 2, 1996

d cause of death (Item 23a) (Type, Print)

O.C.M.E.

111 Ponn Street, Baltimore, Maryland 21201



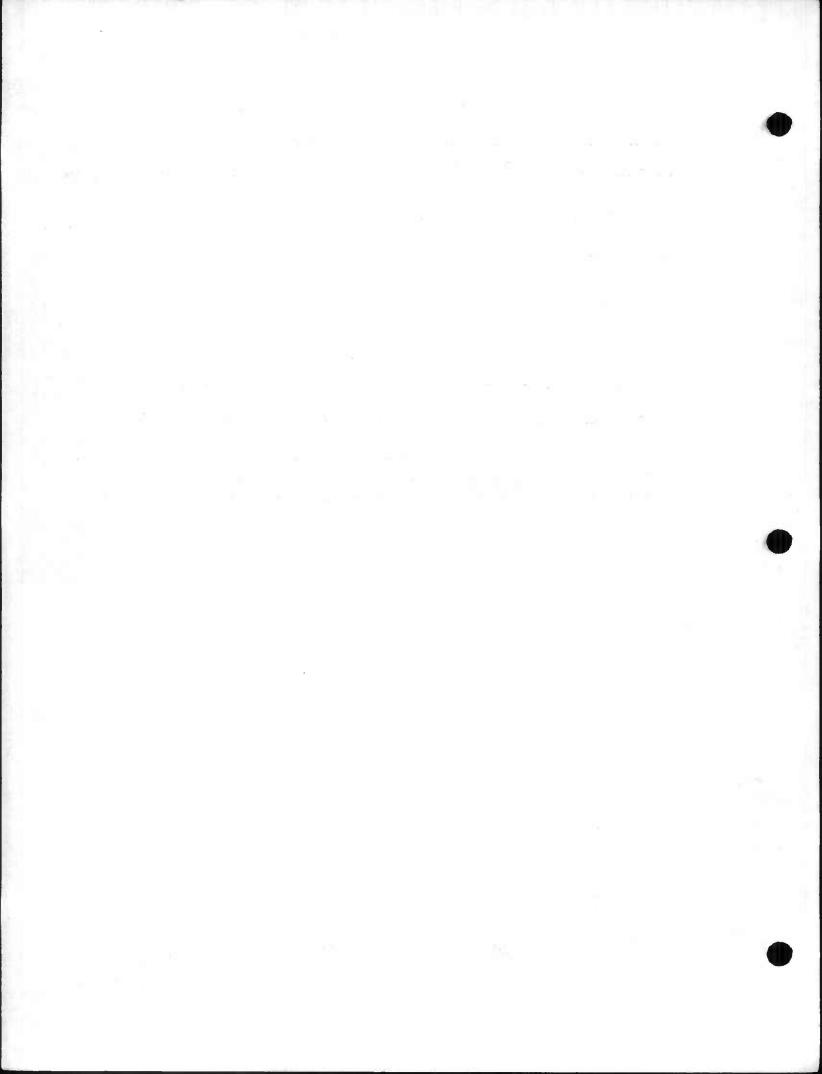
sician.	ial-transit permit. Pages 1, 2, 3 should	
YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 stands the certain hand and Manage Marian and Maria	with the State Cept, or health and Menda hygoric prior to bothat, ventacoun, or entition.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	- 6

1. DECEDENT'S NAME (First, Middle, Last)		CI	ERTIF	ICATE OF	DEA	TH	1 DATE	REG. NO			3. TIME OF DEATH
	A. S	tange	nge					ist 6		996	6:30 pm
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR		R 24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign
215-22-5374	1 M 2 X F	83	YRS.	11-214	HOURS		Aug		1912		Maryland
9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN					9c. COU	NTY OF D	EATH
The Wesley Home				Balti	more	C1	ty			N/A	
The Wesley Home RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland			10c, CIT	Y, TOWN OR LOC		- 0:					10d. INSIDE CITY LIMITS?
	N/A			·	timor		Ty 10g. CITIZEN OF V				1 X YES 2 NO
盖 2211	W. Roge	rs Aveni	ıe	1	oi. ZIP COL		1209		1		States
100. STREET AND NUMBER 2211 11. MARITAL STATUS		IT EVER IN U.S. AF						? (Specify Yes		14. RACI	- American Indian.
1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	YES 2 XI	NO		S 2 X NO					Spec	t, White, etc.
		18a, D8	CEDENT'S	USUAL OCCUPAT	ION		16h	KIND OF BUI	SINESS/IN	DUSTRY	White
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(G	ive kind of Do NOT u	USUAL OCCUPATION work done during most of working se retired.) 16b. KIND OF BUSINESS/IN					SIIVE SO/III	DOSTAT	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)		Loa	an Pr	ocessor			15	st Nat	i ona l	l Bar	ık
17. FATHER'S NAME (First, Middle, Last)	Christoph	er Stei	in		18. MOT			Middle, Maiden		5	
O INCOMMENTS NAME (TOUCH)	ili 13 copii			ADDRESS (Street	and Number			Vince		in Carda)	
Carolyn Y. Hax	(Niece)		8306	Dalesf	ord F	Road	Balt	imore.	Md.	2123	34
20a. METHOD OF DISPOSITION	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State										
4 Donation 5 Other (Specify)	4 Doneston 5 Other (Specify) Parkwood Cemetery 8/10 Baltimore, Maryland										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna Mayle T. Zavoyna Leonard J. Ruck, Inc.										
23. PART I. Enter the diseases, or o	AVI		-	530	5 Har	ford	Roa	d Ba	ltim	ore.	Md. 21214
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events reaulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other ajgnificant gendition	Stroke action value disease 1 yes 2 No COMPLETION OF DEATH? 1 yes 2 No COMPLETION OF DEATH? 1 yes 2										
	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
25. WAS CASE REFERRED TO MEDICAL	1	EXAMINER? 1 YES 2 ND HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		ER/Outpatient			OF 28c. INJURY AT 28d. NY WORK?			Bd. DESCRIBE HOW INJURY OCCURED			
		FINJURY	28b. TIN	IE OF 28c. IF	ORK?		28d. DES	CHIDE HOW	NJUNT OC	CURED	
2 Accident Investigation	1 Inpatient 2 (28e. DATE Of (Month, (F INJURY Day, Yeer)	28b. TIM	NE OF 28c. IF	YES 2	□ NO					Procedo Mosmbar
2 Accident Investigation	28e. DATE OF (Month, (FINJURY	28b. TIM	NE OF 28c. IF	YES 2	□ NO	281. LOC	ATION (Street or Town, State)	and Numbe		Route Number,
2 Accident Investigation	1 □ Inpetient 2 (28e. DATE Of (Month, I) 28e. PLACE (building)	FINJURY lay, Year) OF INJURY — At his atc. (Specify) It my knowledge, do	28b. Till IN.	E OF 28c. IF W 1 Street, tactory, off	YES 2	e, and due	28t. LOC City	ATION (Street or Town, State)	and Numbe	or or Rural :	
2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide CERTIFYING PHYS (Check only one) 2 MEDICAL EXAMINE 299, SIGNATURE AND TITLE OF CERTIFIER DAM ONE 1 CERTIFYING PHYS (Check only one) 1 CERTIFYING PHYS (Check only one) 2 MEDICAL EXAMINE	28e. DATE OF (Month, I 28e. PLACE (building) ICIAN: To the best of CR: On the best of CR:	FINJURY Pey, Yeer) OF INJURY — At he atc. (Specify) It my knowledge, dexamination and/or	28b. TiN IN.	RE OF UNITY W 1 Street, tactory, off	YES 2	e, and due	28t. LOC City	ATION (Street or Town, State)	and <i>Numbe</i>	nted.	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be 4 Homicide 8 Could not be 4 Homicide 8 Could not be 4 Check only 2 MEDICAL EXAMINE	28e. DATE OF (Month, I 28e. PLACE of building) ICIAN: To the best of CR: On the best of	FINJURY Pey, Yeer) OF INJURY — At he atc. (Specify) It my knowledge, dexamination and/or	28b. TINION (IN.) Ome, term, nath occurr Investigate M 27) (Type	Street, tectory, off ad at the time, da on, in my opinion, Print)	YES 2 lice te end plac death occu	e, and duc ared at the	281. LOC City	ATION (Street or Town, State)	and Number	er or Rural	Month, Day, Years

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 23531

				State of Mar		ertificate of			leg. No.	Eng	0001		
			1. Decedant's Neme (First, Middla, Last)					2. Dete of Dee	th		3. Time of Deeth		
	Physici /Medic		Lynne A.	Titt	le			A vaust	3,1996	Yeer	6:62 pm		
3	Examir		4e. Fecility Nema (If not institution, giva s	treet and number)			4b. City, Town, or Le	ocation of Death	4c. County				
			Johns Hopkins Bayvi	en Medica	al Conte	-	Baltimoi	-e	N/A	A			
	Funeral		5. Social Security Number 6. Sax		In yrs. lest birthde			8. Dete of Birth (Month, Dey	Year)	9. Birthpl	eca (Stata or Foreign		
	Director		218-36-0/22	M 20XF 5	Yrs.			NOV 14,	1939	Mary	yland		
	pue *		Usuel Residence of Decedent 10a. Stete 10b. County	10	Oc. City, Town or	Location				10	Od. Inside City Limits		
	f sho	5	Maryland N/A	,		imore				10	1 X Yas 2 □ No		
	the A	ect	10e. Street and Number			10f. Zip Code			0g. Citizen ot W	/hot Count			
	with a or	ā		+		2122	1.	'	met Count	ny r			
	ne 23	Funeral Director	324 S. Macon Str		er in U.S. 13			ecify Yas or No-	USA 14. Bace	- America	an Indien		
0	flerd	Fun	1 □ Navar Married 2 □ Married	 Was Decedent Eve Armed Forces? 1 ☐ Yes 2 ☑ No 		 Was Decedent of H If Yas, specify Cuba 	an, Mexican, Puerto	Rican, etc.)		k, Whita, a			
070	urs e	þ	3 ☐ Widowed 4 ☑ Divorced	If Yas, Giva Yeer or Detes:		1□ Yas ¾□ No	Specify:		Specify:	Whi	te		
21215-0020	within 72 hours efter death with the Maryland ene. than "naturel", or items 23a or 28a-f show fra Madical Evarrane must be notified at	Completed	15. Decedent's Educ	ation	16e. Dec	edent's Usuel Occup	etion	4	16b. Kind of Bu	siness/Ind	ustry		
21	thin 7	De la	(Specify only highest grade Elamantery/Secondery (0-12)	Collega (1-4or 5+)	life	(Give kind of work done during most of worklr life. DO NOT use retired)							
	or th	5		4	Ca	regiver			Foster	Par	renting		
nd	d oth	Be	17. Fether's Neme (First, Middle, Last)				18. Mother's Nam	e (First, Middle, I	Malden Surneme	e)	- 1		
yla	2 should be filed with and Mental Hygiene. Is marked other than sumstic event, the	2	Louis A. Do					ra Smit					
Maryland			19e. informent's Name/Reletionship (Type Edward J. Gann/Son	e, Print)		Oresis 7 - Asset				State, Zlp	Code)		
	Health Health em 27		Edward J. Gann/Son 428 Oriole Ave. Baltimore, MD 21224 20e. Method of Disposition 20b. Place of Disposition (Nema of cametary, cramatory or other placa) 20c. Location - City or Town, State										
Baltimore,	if of h		1 ☐ Buriel 2 X Cramation 3 ☐ Re	movel trom State	-	-							
ţ	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other tr once.		4 ☐ Donation 5 ☐ Other (Specify)		Metro C	rematory,		96	Baltin	nore	, MD		
Bal	Department In Popularies		21. Signature of Funeral Servica Licanse	awn F. McI	Donadd	22. Nama and Addre Cremation	Society (of Maryl	and, In	c.			
	20244		Jun A. W	10010	ux	299 Freder	rick Rd.	Baltimor	e, MD 2	1228			
			23e. Pert1. Entar the disaese, or compile shock, or heert teilure. List only one	ations thet caused the causa on each line.	e daath. Do not e	enter tha mode of dyin	ng, such as cardiac	or respiratory err	est,	1	Approximata Intervel Between		
	Physician / /Medical		Immediate Ceuse (Final		0	1	,			İ	Onset end Deeth		
1	Examiner		disaese or condition resulting in death)	Ca	volia	Arre	, (-			10	ninutes		
2/2		er			e to (or as a cons	1	1 1 1			į			
	uted	Examiner	b.		e to (or es e cons	be hear	V failu	رف		· ·	months		
Ć,	exec in en ial-tri	Exa	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury C.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	o to (or as a cons	equence or):		. H					
68760,	ifficate be executed g physician end as the bunal-transit	edicai	thet initieted events	Due	e to (or as a cons	equance of):	simpope	any		~	nonThe-year		
	tifica ng ph as th		resulting in deeth) Lest		(0. 20 20 00 00			•					
Box	law requires that the death certificate been signed by the attending to 2 should be detached for use as	Physician/N	d.										
	deal	sici	Pert II. Other significant conditione cont	ributing to death but n	ot resulting in the	underlying cause giv	en in Pert I.	23b. Did to	obacco use con	tribute to	the cause of death?		
P.0	res that the de igned by the a be detached f	Phy	Circularie					1 □ Y	es 2 No	3 Prob	ably 4 Unknown		
	ignex bed	by	Cirrhosis Restrictive										
orc	v require been sig should b	Completed	Restrictive	aul in	man	discourse	۷.	24e. Wes a perform		ava	re eutopsy findings ilebia prior to		
ec	has b	npie	100001110	proces.c		9-13-00-1				of d	npletion of cause leeth?		
4	2 8	Co	Dia botes n	rellitus				15XY	es 2 No	1 🗵	Yes 2□ No		
VIE	certifica ilectór, p	Be	25. Wes case refarred to medical examiner?	anital.		101	26. Place of Deet	h (Check only on	ne)				
of Vital Records,		<u>۲</u>	102 165 2 140	spital:	2 ER/Outpet	-	4 Li Nursing no	me 5 Reside)		
5	ling F After funer	lon	27. Menner of Death 1 Neturel 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Dey Yo	ear) 28b. Time Injury	Wor	y et k? Yes 2 □ No	28d. Describe ho	ow injury occurre	90			
Division	or Attending efter death. Director: After in by the fune	Ical	3 Suicide 6 ☐ Could not be	28a Place of Injury	At home form		163 2010	28f. Location (Si	treet and Numbe	er or Rurel	Route Mumber		
Ď	al or Attending Phy s efter death. I Director: After this in by the funeral of	Certification:	4 ☐ Homicide determined	28e. Pleca of Injury building, etc. (S	Specify)	street, rectory, onica		City or Town		or ridiar	riodio ridinibor,		
	epita sours serel		29a, Certifier 1 Certifying Physic	cien: To the best of m	v knowledge, de	ath occurred et the tin	ne, dete end pieca.	end due to the ca	ause(s) end mai	nner as sta	ated.		
	To the Hospital or A within 24 hours efter To the Funeral Dires completely filled in b	Medicai	(Check only 2 Medical Examine one)	er: On the basis of exe end menner stetad	eminetion end/or	Investigation, in my o	pinion, death occur	red et the time, d	ete end pleca, e	nd dua to	the cause(s)		
	Withir Somp	M	29b. Signature and title of cartiflar			29c. Licans	a number	2	9d. Data signed	(Month, E	Day, Year)		
			\$ 9000 C-	MAD		174	6738		Avaust 5	,1991	Ь		
			30. Neme end eddress of person who con	pleted cause of deeti	h (Item 23e) (Tvp	e, Print) Johns	HOOKIOS	Bavuler	y Medica	al Cer	nter		
			Ellen Pizer, H.D.			4940	6738 Hopkins Eastern A	tve , Balt	more,	HD 21	224		
	Sta	te	31. Dete tiled (Month, Day, Year)	32. Registrar's	Signature	2 14			, , , , , , , , , , , , , , , , , , ,				
	Registra	ar	AUG 0 81996	Che in TIHON	1 70 mg 00								



Physician

/Medical

Examiner

Director

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Completed

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Funeral

Director

Physician /Medical Examiner

physicien as the burielsigned by the e page 2 s

Hospital or Attending Physician: The law requires that the deeth certificate be executed 24 hours efter deeth.

Funerat Director: After this certificate has been signed by the ettending physicien and rerat Director: hin 24 hours of

Division of Vital Records, P.O. Box 68760, Stat

	19a. Informant's Name/Relationship (7 EUGENIA TAYI				RIVE BALTIMORE						
	20a. Method of Disposition 1 ☐ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify	Removal from State	cematery, cremat	Date Date 20c. Location - City or Town, State Committee, crematory or other place) CARRISON FOREST VET. 8/7/96 OWINGS MILLS, MD.							
	21. Signature of Funeral Service Licent	fr CFSP #28		ama and Address of Facility 1-27 N. MONE	PHILLIPS FUNE ROE ST. BALTIC						
	23a. Part1. Enter the disease, or comp shock, or haart failura. List only of	ications that caused the done causa on each line.	eath. Do not enter t	he mode of dying, such as card	diac or respiratory arrast,	Approximata Intervai Between Onset and Death					
	Immediate Cause (Final disease or condition resulting in death)	Disease + Failure									
Examiner	Sanuaria llu llat annulica	b. Cor	gesti	,	+ tailure						
al Exa	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	Due to (or as a consequence of):									
Physician/Medical	that initiated events resulting in death) Last	Dua to	o (or ss a consequer	of):							
completed by Physic	Part II. Other algnificant conditions co	intributing to death but not	2 "		23b. Did tobacco use con 1 Yes 2 No 24a. Was an autopsy performad?	available prior to course of death? 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of causa of death?					
200	25. Was case referred to medical examiner?			26. Place of I	Death (Check only one)						
0	1 Yes AP No	1,0			g Home 5 ☐ Rasidance 6 ☐Ott						
cation:	27. Manne of Death 1 Natural 5 Pending 2 Accident invastigation	28a. Date of Injury (Month, Day Year	28b. Time of Injury	28c. Injury at Work? M 1 Yas 2 No	28d. Describe how injury occu	rred					
Certific	3 Suicide 6 Could not be determined	28e. Piace of Injury - A building, atc. (Spe	t home, farm, street ecify)	factory, office	28f. Location (Street and Num City or Town, State)	ber or Rural Route Number,					
29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due and manner stated.											
	29b. Signature and tiple of certifier	4 Gil	10	29c. Licanse number	964 29d. Data signe	5 96					
	30. Name and address of person who co	4.	tem 23a) (Type, Prin	11) 8630 Li	berty Plaza	21/33					
•	31. Date filed (Month, Day, Year) AUG 0 8 1996	32 Hebispace/s	motelle								

DHMH 16 Bay 6/95

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netfiled at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	TH		REG NO

1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGI				
1. DECEDENT'S NAME (First, Middle Frances C. Th					2. DATE OF DEATH AUGUST (3. TIME OF DEATH 10:00 A. M		
4. SOCIAL SECURITY NUMBER 217-01-7298			7 YRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Mer) 1908 Ball			
90. FACILITY NAME (# not institution Stella Maris	- Same Control of the	9	b. CITY, TOWN O	R LOCATION OF DE	EATH	- A - A - A - A - A - A - A - A - A - A	imore Co.		
nesidence of decede 10a. STATE 10b. Maryland	county Baltimore Co.	10c. CITY, 1	TOWN OR LOCAT			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 (∑NO			
100. STREET AND NUMBER 14307 Dairyda				ZIP CODE 21013		10g. CITIZEN OF V			
11. MARITAL STATUS 1 Never Married 2 Marri 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO		city Cuben, Mexica	IIC ORIGIN? (Specify n, Puarto Rican, atc.)	14. RACE — American Indian, Bleck, White, etc. Specify: White			
15. DECEDEN (Specify only high: Elementary/Secondary (0-12)	T'S EDUCATION est grade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done durina ma	N st of working	16b. KIND OF	BUSINESS/INDU	JSTRY		
06		Shirt	Presse	-			Company		
17. FATHER'S NAME (First, Middle, Joseph Kedzie					ME (First, Middle, Mai sia Studr				
19a. INFORMANT'S NAME (Type/Pr		19b. MAILING AL	DRESS (Street a		Route Number, City or	-	Code)		
Joyce McGee (Daughter)	14307 D	airydai	dale Road Baldwin, Maryland 21013					
20s. METHOD OF DISPOSITION 1 Burlel XXCremation 3 4 Donation 6 Other (Spec	on town, State , Maryland								
21. SIGNATURE OF FUNERAL SEF	IVICE LICENIUS				uneral Ho d Towsor		c. land 21204		
23. PART I. Enter the disease ahock, or heart in the part in the p	DUE TO (OR AS A	tha death. Do not chiline. 2	,		eapiratory arre	Approximate interval Between Onset and Dagth Morth. Ylds			
ASCIA	PART II. Other eignificent conditione contributing to deeth but not reculting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 DATE DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN								
25. WAS CASE REFERRED TO MEI EXAMINER?	HOSPITAL:	6. PLACE OF DEATH	(Check only one)			11			
1 YES 2 7 MANNER OF SEATH	1 🗀 Inpatient 2 🗆 ER/Outpe	tient 3 DOA 4		e 5 🗆 Residence	6 1 OHNER (Specify) 28d. DESCRIBE HO	HASPIC	L L		
1 Natural 5 Pendi 2 Accident Invest	(Month, Day, Year)	INJUR		RK? (ES 2 NO					
3 Suicide 6 Could	28e. PLACE OF INJURY	At home, farm, stre	et, factory, offic		281. LOCATION (Str City or Town, S	eet and Number o	or Rural Route Number,		
(one only	IG PHYSICIAN: To the best of my knowle								
296 STRATURE AND SITLE OF C	Calan	MO	,	29c. LICENSE NUI	MBER 6155	29d. DATE	SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PER	ISON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, PI	1692	1 40R	K Rd	Ma	NKON NOTUI		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE				, , , , ,	7, 100 -11		

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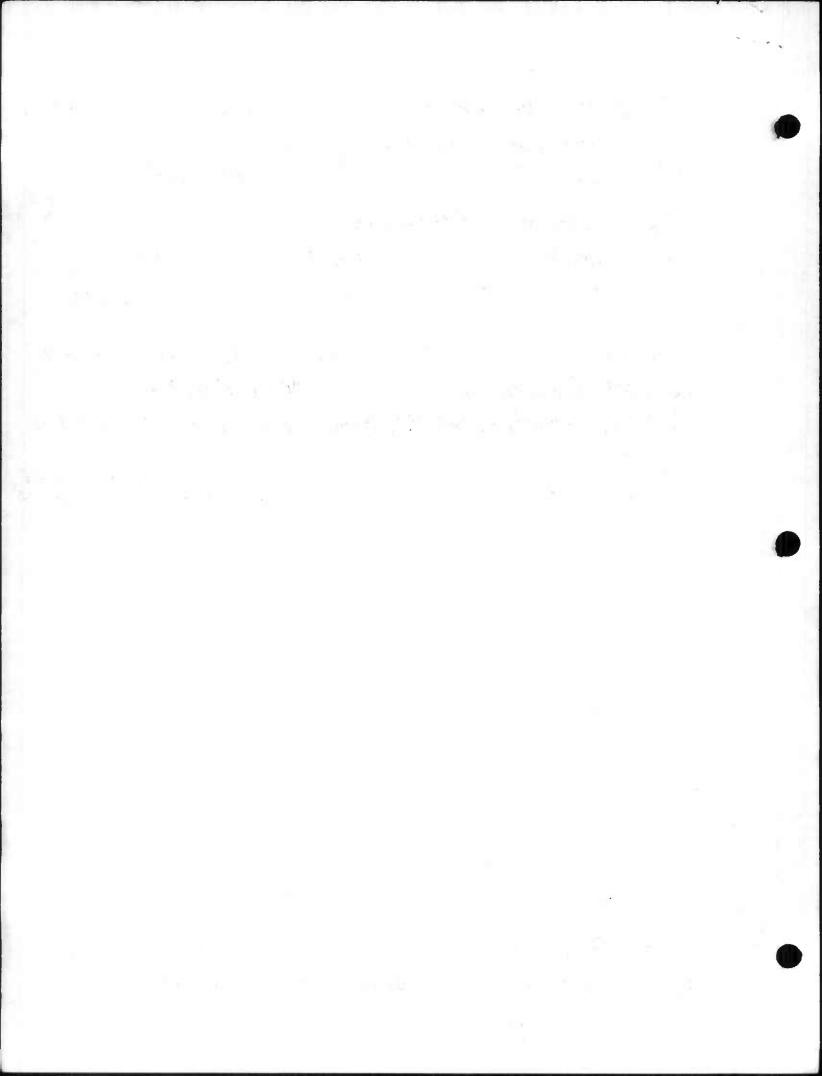
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State of Maryland / Department of Health and Mental Hygiene 96 23535

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	Exami	ner	4a. Facility Neme ((If not institution, gi			REET			ity, Town, or L BALTIM	ORE	4c. County	of Death	Α	
	Funerai Director		5. Sociel Security No. 219-38-5 Usual Residence of	5772	Sex 7 1 □ M 252 F	. Age (In yrs 54	last birthday) Yrs.	If Under 1 Months		Under 24 Hrs. ours Min.	8. Date of Birth (Month, Day)	Year) 1942	9. Birthp Coun VASH	place (State or Foi ity) INGTON,	reigi D
	and and	1	10a. State	10b. County		10c. City	y, Town or Lo	ocation					1:	0d. Inside City Lir	mits
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	deat	Funeral	11. Marital Status	IDDOM P	12. Wes Deced			Wes Deceder	nt of Hisper	nic Origin? (Sp	pecify Yes or No-		e - Americ		_
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2	Peges nent of int: If its rry or or		1 Burial 2	Cremation 3		ate	emetery, crer	natory or other		AU	JG 12	zoc. Location -	City Of 10	Wit, State	
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	Physician /Medical Examiner	Examiner	immediete Cause disease or condition resulting in death)	(Final	e	Due to (or	as a consec	Type guence of)	urie	5					
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2	death c e attend ed for us	Physician/	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributions.							ntribute to	the cause of dea	ath'			
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	\$ 00	2	XIXYes 2□		Hospital: 1 ☐ Inp		ER/Outpatien	t 3□ DOA	Other: 4	☐ Nursing Ho	ome 5 Reside	nce XXoth	er (Specify	ROADWA	ΑY
	After t funera		27. Manner of Death 1 ☐ Natural	h 5 ☐ Pending	28a. Date of i	Day Year)	28b. Time of Injury	280	injury et Work?		28d. Describe ho	w Injury occur	red		
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	or Attendation of Att	ŧ	4 Homicide	determined	28e. Piaca of building	Injury - At hor etc. (Specify,	me, farm, str	eet, factory, o	ffice		28f. Location (St. City or Town	raet and Numb , State) jube	er or Rural	Route Number,	
	oral C		OOn Contiling	4C3 0 14 1 0			stre	ut			Daltin	wre, M	d		
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifier (Check only one)	Certifying Ph	nysician: To the be niner: On the bask and manner	s of examineti	nedge, death on end/or inv	occurred at t restigation, in	ne time, da my opinior	ite and placa, n, death occur	and due to the ce red et the time, da	use(s) and ma ite and place, i	nner as sto end due to	eted. the cause(s)	
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	125		30. Name and addre	ess of person who Chute M	- :/				reet	, Bal	timore	, Marv	land	21201	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				Olato of Inc		Certificate of			. No.		
	Physic	ian	1. Decedant's Nama (First, Middla, L.			/		2. Data of Death Month	Day	Year	3. Tima of Death
	/Medi		JOAN R.		MAN			AUGUST	03	94	7.27 pm
	Exami	ner	4a. Facility Nama (If not institution, gi	a street and number)	Lagast		4b. City, Town, or t		4c. County	of Death	
			5. Social Sacurity Number 6.	RITUN 7. Au	a (In yrs. ast birth	day) If Undar 1 Yaa		MORE 8. Date of Birth		O Rieth	place (State of English
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	ith th	Dire	10e. Street and Number	1 1 .		10f. Zip Code	211	109	Citizen of W	hat Cour	ntry?
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020	72 hours after netural, or its	þ	3 ☐ Widowed 4 ☐ Divorced	if Yas, Give Yaar or Datas:		1□ Yas 2×No	Specify:		Specify:	WI	rite
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lan		To Be	FRIENDICH PU	eschmai			ZEPNI	3 Mai	0+2		0
Maryland	and Mer and Mer a marks sumafic	-	19a Informant's Name/Relationship	Type, Printj	190.	Mailing Address (Stree	at and Number or Ru	ral Route Number,	City or Town,	State _n Zk	Gode)
	s 1 and 2 sh f Health and tam 27 is m other traum		Dallas Working	an/husk	2010 78	36 BIRM	ingham A	ve. Balt	moes.	Me	121234
Ore			20a. Method of Disposition 1 ☐ Burial 2 MCremation 3	/ Removal from State	20b. Place of I cemetery	Disposition (Name of crematory or other pi	(ade)	Date TE	c. Location -	City or To	own, State
Baltimore	nit. Page artment o ortant: if injury or		4 □ Donation 5 □ Other (Speci	(v)	GRUNI	Jount LREM	KSIONA	The second secon	anily A	1, 49	PROJANO.
Bal	Department of the part of the party is party in		21. Signatura of Funeral Service Lice)		22. Name and Add	ress of Facility		290	00 1	NORTHERED REV.
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o.	the al	vsic	Part II. Other significant conditions	ontributing to death bu	ut not rasulting In	ha undarlying causa g	ivan in Part I.	23b. Did tob	acco use con	tribute t	the cause of death?
P.O.	es thet the death cer igned by the attendir be deteched for use							1 🗆 Yee	2€ No	3 ☐ Pro	bably 4 Unknown
ds	The low requires thet the death cer ate hes been signed by the attendir page 2 should be deteched for use	d by						24a. Was an	autopsv	24b. W	ara autopsy findings
000	w require s been si should	Completed						performe		CO	allabla prior to mplation of causa daath?
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Division of Vital Records,	ing P	ion:	27. Manner of Death □SCNaturel 5 □ Panding	28a. Data of Injui (Month, Day	Year) 28b. Tir	ury W		28d. Dascribe how	injury occurre	bed	
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State of Maryland / Department of Health and Mental Hygiene 96 23537

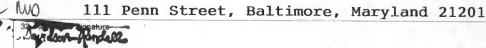
					Certificat	e of	Death	Reg. No.					
	Physici	an	1. Decedent's Name (First, Middle, L.						2. Date of De		Voor	3. Time of Death	
	/Media		HARRELL	WILSON					JULY	28°, 19	996	1150 AN	
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96	28s Dolling	Director	10e. Street and Number	10	THE CALL	10f. Zip	Code			10g. Citizen of N	What Cour		
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death	ms 2	Funeral	11. Marital Status Unknown		U,S.	13. Was Deced	sent of I	Hispanic Origin? (Si	Specify Yes or No- rto Rican, etc.) 14. Race - Am Black, Whi			an Indien.	
Z15-0020 hin 72 hours after	af, or its Examine	þ	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorcad	12. Was Decedent Ever in Armed Forces? UNIC 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates:	inown	If Yes, spec			o Rican, etc.)	Specify Specify	ck, White,		
2 2	Scal	pet	15. Decedent's E (Specify only highest gr	ducation	16e.	Decedent's Usua	I Occup	pation	16b. Kind of Business/Ind			dustry	
. 18	the Mes	Completed	Elementary/Secondary (0-12) UNKNOWN	College (1-4or 5+) unknown		iite. DO NOT us		during most of world)	King	unknown			
fand 2 fit be filed tental Hygi	ked other ic event	To Be C	17. Fether's Name (First, Middle, Last unknown)			18. Mother's Name (First, Middle, Maiden Surname) unknown						
Mary d 2 shou	7 is mar traumat	-	19a. Informant's Name/Relationship		19b.	19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip of UnRnown						Code)	
TOTE,	Pages 1 and nent of Health mt. If frem 27 ry or other t		20a. Method of Disposition 1 Durial 2 Cremation 3 D	20b. Place of Disposition (Name of Date 20c. Location - City of							City or To	or Town, State	
Sattimor semil. Pages Nepartment of	ortant injury 8.		4 Donation 5 NOther (Special Service Lice Ronal)			22 Name and	d Addre	ess of Facility	1 crr o	n . 0+:		Ottoot	
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/Me	sician edical miner		23a Fart1. Enter the disease, or commonly, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	iplications that caused the de one cause on each line.								Approximate Interval Between Onset and Death	
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e axec	unial-tn	Exa	Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Olsease or Injury that initieted events	Due to	(or es e c	consequence of):					1		
A CO / CU, entificate be asscuted	attending physician and I for use as the burial-transit	/Medical Examiner	that initieted events resulting In death) Last	Due to	(ores a c	onsequence of);							
ath cent	or use			d									
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inbe.		Completed by							24a. Was a perfor		COL	ere autopsy findings alleble prior to mpletion of cause death?	
65 -		E O							1 (S-Y	es 2 No		Yes 2□ No	
len:		Be	25. Was case referred to medical examiner?					26. Place of Dea	th (Check only or	ne)			
- 2 3	0 0	2	Maries 2 No	Hospital: 1 ☐ Inpatient 2	□ ER/Out	petient 3 DO	A Oth	ner: 4 Nursing Ho	ome XXResid	ence 6 Oth	er (Specify	()	
ng P	the funeral	on:	27. Manner of Death 1 ☐ Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey Year)	28b. T	lme of 28	Bc. Injui	y at rk?	28d. Describe h	ow injury occur	red		
Attending at death.	by tha f	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined	e 28e. Place of Injury - At	home, far	m, street, fectory,		Yes 2 □ No	28f. Location (S	treet end Numb	er or Rura	l Route Number,	
ital or a started	i bell			building, etc. (Spec	aty)				City or Tow	n, State)			
To the Hospital or Attending R within 24 hours after death.	complataly filled	edicai	29a. Certifier (Check only one) 1 Certifying Ph	ysician: To the best of my kn niner: On the basis of examin and menner steted.	nowledge, nation and	death occurred a l'or investigation,	t the tir in my o	ne, dete and plece, pinion, death occur	end due to the c red at the time, o	euse(s) end ma ate and plece, o	nner as st end due to	ated. the cause(s)	
To #	E CO	Ž	29b. Signature and title of cartifier	1/200		29c.		e number	2	9d. Dete signed			

State Registrar HAPMAND A. KORFU WO 111

31. Date filed (Month, Day, Year)

AUG 0 8 1995

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)



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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month WILHELM 4a. Fecility Neme (If not institution, give street and number, 4b. City, Town, or Location of Deeth 4c. County of Deel Baltimore If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 6. Sex 7. Age (In yrs. iast birthday) Yrs. Birthplece (State or Foreign Country) 10 M 20 F Months Deys 21630227 6 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits N/A 13altimore, 1 X Yes 2 □ No CIM 10f. Zip Code 10e. Street end Number 10g. Citizen of Whet Country? 1349 Andre Street United States 12. Wes Decedent Ever in U.S. Armed Forces? 1 Mayes 2 No No Yes, Give Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. 11. Meritei Status 1 Never Merried 2 Married 1 ☐ Yes 2 No Specify: white Specify: 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) sheet Metal 17. Fether's Name (First, Middle, Last) Wilhelm 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, 1349 Andre 21230 20b. Place of Disposition (Name of cametery, cremetory or other place) CROWNSU'II VA COMETOY Aug. 12, 1996 22. Name and Address of Facility Charles L. Stevens Fu 20e. Method of Disposition 20c. Location - City or Town, Stete Burial 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) 21. Signeture of Funeral Service License Batto. MD 21230 E. Fort 1501 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervei Between lung Cauch-metastatic Immediate Ceuse (Finel diseese or condition resulting In deeth) Due to (or as e consequence of): Due to (or es e consequence of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? NZYes 2□ No 3 □ Probably 4 □ Unknown 24a. Wes en eutopsy performed?

Physician /Medical Examiner

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Completed

Be

2

Medical Certification:

and

physician s the buriel

certificate

To the Hospital or Attending Physician: Within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director;

The law requires that the deeth certificate be executed

Records, P.O. Box 68760.

Division of Vital

Physician

/Medical

Examiner

10e Stete

Funeral

Director

28a-f show

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"natural", or items 23a

filed within 72 hours efter Hygiene.

permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiens Important; If Item 27 is marked other than any Injury or other traumetic.

Saltimore, Maryland 21215-0020

Director

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Completed

or other traumatic event, the Medical Examiner must be notified at

the Maryland

Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Physician/Medical

25. Wes case referred to medical exeminer?

1 Yes 2 No

27. Menner of Deeth

1 Neturel

2 Accident 3 Suicide

4 Homlcide

24b. Were eutopsy findings aveilable prior to completion of ceuse of death?

1 Yes 2 2 No

2 No

Check only one)	
5 □ Basidanca	6 DOther (Specifi

Other: 4 Nursing Home 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred

5 Pending investigation 1 ☐ Yes 2 ☐ No 8 Could not be determined Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28. Plece of Deeth (6

28f. Location (Street end Number or Rurei Route Number, City or Town, Stete)

29e. Certifier 1 🗹 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) end manner es steted. 2 Medical Examiner: On the besis of examination and/or investigetion, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and menner stated. 29b. Signeture end title of certifier 29d. Date signed (Month, Dey, Yeer)

of deeth (Item 23e) (Typa, Print)

VA Provide / PMAS

Registrar

Registrer's Signeture

Visita Breedom - North Committee (1985) and Committ Nating standing a file-box for larger as the second
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 23539

_							Cer	tificate o	f De	ath			Reg. No).			
п	Dhyoie	i	1. Decedent's Neme (First, Middle	e, Last)								2. Dete of De Month			Vana	3. Time of Dec	eth
J	Physic /Medi			Kar	en	E. Wil	lson	1				Augus	t 4		Yeer 996	3:50 F	.м.
Э	Exami		4e. Fecility Neme (If not Institution	n, give street end n	umber)				4b. Ci	ity, Towr	n, or Lo	cation of Deet		. County			
			133 Dunlap F	Road					Pa	asad	ena			Anne	Arui	ndel	
Г	Funeral	Г	5. Social Security Number	6. Sex	7. Age	(In yrs. last bir	rthday)	If Under 1 Yes		Under 24	Hrs.	8. Dete of Bir (Month, De	Birth 9. E		9. Birthp	lece (Stete or Fo	reign
ı	Director		215 52 1069	1□ M 20XF		47	Yrs.	WOTHIS Day	5 110	ours	IAIHI.	Sept.	19,1	948		sachuse	
	pui		Usuel Residence of Decedent 10e. Stete 10b. County			10c. City, Tow	m an l a							_			
	sho	2		7 serve de 1											1	0d. Inside City Li 1 ☐ Yes 2 ☐	
	the N	Director	Maryland Anne 10e. Street end Number	Arundel		Pasac	uena										7140
	with pod		133 Dunlap Ro	ad				10f. Zip Code	122				10g. Cr	tizen of W		try?	
	eath rs 23	Funeral	11. Marital Stetus	12. Was Dec	cedent Ev	ver in IIS	12 V			olo Oriole	2 /Cm	noiby Von or Ne				en Indian,	
	fter of their differ	Fun	1 Never Merried 2 Marr	Armed F			lf.	Ves Decedent o Yes, specify Co	ıban, Me	exican, I	Puerto	Rican, etc.)			k, White,		
020	urs a	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, G Year or I	ive	,	1	☐ Yes 2 🔼 N	o Sp	ecify:				Specify	W	nite	
21215-0020	in 72 hours after death with the Maryland "netural", or items 23s or 28s-1 show edical Examiner must be notified at	Completed	15. Decedent	's Educetion		16e.	Deced	ent's Usuel Occ	upetion				16b. K	16b. Kind of Business/Industry			
21	E . E	ple	(Specify only highes Elementery/Secondery (0-12)	T	(1-4or 5+)	(Give I	ent's Usuel Occ kind of work dor OO NOT use reti	ne during red)	g most o	f worki						
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pu	0 = 0 >	Be (17. Fether's Neme (First, Middle,	Last)					18.	Mother's	Name	me (First, Middle, Mai			э)		
yla	should be nd Mental marked o	2		Oscar C	. Sm	ith					Ba	rbara	Ha	zaid			
Maryland	2 8 8 5		19e. Informent's Neme/Refations									r Rural Route Number, City or Town, Stete, Zip					
	CHOL		Russell H. Wi	Lson				Dunlap I	Road		Pas	asadena, Maryland 21122			122		
OL			20e. Method of Disposition 1 Buriel 2 □ Cremetion	3 □Removal from	Stete	20b. Plece of cemeter	ry, crem	sition (Name of setory or other p	lece)		1	Dete	20c. Location - City o		City or To		
tim	Baltimore, permit. Pages 1 a Department of Hea Important: If item any injury or othe once.		4 □ Donetion 5 □ Other (Sp	Cedar	ar Hill Cemetery 8/7/96 Baltimore, Ma						Marylan	ıd					
Bal			21. Signature of Funerel Service Licensee 22. Name end Address of Fecility GonC									Gonce				P.A.	
	20280		(Janna)	Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225													
П			23e. Pert1. Enter the diseese, or shock, or heart fellure. List	compositions that	caused the	ne deeth. Do r	not ente	r the mode of d	ying, su	ch es ca	rdiac o	r respiretory a	rrest,			Approximete intervel Between	n
1	Physician			1	1) -								Onset end Deet	n
	/Medical Examiner		nmediete Ceuse (Finel iseese or condition Aurer														
н		_	esulting in death) Due to (or es e consequence of):														
7	net net	Examiner	_ b														
_	be executionand burial-tran	Exar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Di	ue to (or es e o	consequ	uence of):									
68760,	cats be a physician if the buria		Cause (Disease or injury that initiated events	c									4		i		
89	ding physise as the	edical	resulting in death) Last		Di	ue to (or es e c	consequ	ence of):							!		
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Vital	dolan: The	Be C	25. Was case referred to medical						28	Place of	Deeth	(Check only				7103 20 110	
	Physical This ce	2	1 Yes 2 100	Hospital:	Inpatient	2 ER/Out	tpetlent	3□ DOA C	Mhar			ne 5 - Resi		8 □Othe	r (Specify)	
0	Affect the		27. Manner of Death 1 □Millural 5 □ Pending	28e. Dete	of Injury		Ime of	28c. Inj				8d. Describe				,	
Sio	Attending c death. Agor: After by the tune	cation:	2 ☐ Accident investig	ation	1/12		ı,u.y			2 🗆 No							
Division of	or An	Certific	3 Suicide 8 Could n 4 Homicide determin	ned 286. Piece	e of Injury	- At home, far (Specify)	rm, stre	et, fectory, office	Э		2	8f. Location (Street ar	nd Numbe	r or Rure	Route Number,	
Ω		8												4/3			
	24 Douts Substitution Fundamental	edical	29a. Certifier 1 Certifying 2 Medicat E	Physician: To the xaminer: On the b	best of r	ny knowledge, kaminetion end	deeth	occurred et the	time, de	te end p	lece, e	nd due to the	ceuse(s)	end man	ner es ste	oted.	
	To the Ho within 24 to To the Fur completely	Med	29b. Signature and title of certifier.	end men	ner stete	d.											
	5 M 5 8	-	250. Signature and time at certifier	MAN	DA L A	la Di		29c. cei	nse num	Der	7		29d. Da	e signed	(Month, E	Day, Year)	,
)	K	-	The Common Mosis Huch									1776	0				
)		30. Name and address of person	no completed ceus	se of deet	th (Item 23e) (Type, P										1202
	- 0		31. Dete filed (Month, Day, Year)	11900) R1	Signeture	115	4 Mer	CY M	<i>ledi</i>	ca1	Center	301	St.	Pau	1 St.	
	Sta Registra	~	AUG 0 8 1996			Signeture — Aundal	•	, h									
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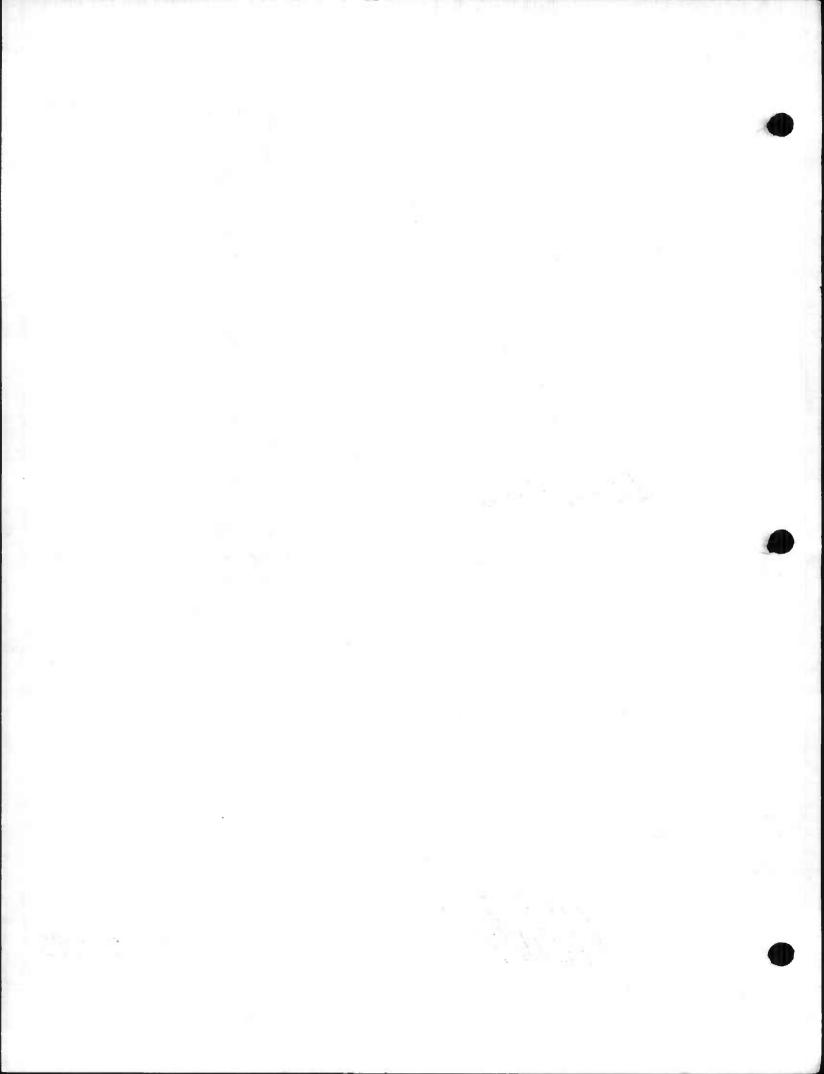
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State of Maryland / Department of Health and Mental Hygiene 96

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		Certifica	ate of Death	Re	g. No.	
1. Decedent's Nama (First, Middle Physician	a, Last) Draithu	5	Williams	2. Date of Death	Dav Year	3. Time of Death 4.07 A.m.
/Medical Examiner 4a. Facility Nama (If not Institution 3 40 7 Woo	n, giva street and number) Abrok F	tue.		Location of Death	4c. County of Death	1
Funeral Director 5. Social Security Number 215 - 28-2367 Usual Residence of Decedant		yrs. last birthday) If Un Month	der 1 Year If Under 24 Hrs ns Days Hours Min		Year) 9. Birth	placa (Stata or Foreign
0	J (A	City, Town or Location	0			10d, tnside City Limits Yas 2□ No
10e. Street and Number 3407 WU	od brook	Ave 101.	Zip Coda 21217	10	Og. Citizen of What Cou	
d within 72 hours after death with the Maryland with the Maryland with the Maryland 10e. Street and Number 10e. Street and Number 10e. Street and Number 11. Marital Status 1 Never Married 2 Married 12 Maryland 13 Widowed 4 Divorced 15. Decedent (Specify only highast Elementary/Secondary (0-12)	12. Was Decedent Ever in Armed Forces? 1 Yes, Give Yaar or Datas:		cedent of Hispanic Origin? (5 pecify Cuban, Mexicen, Puer 22 No Specify:	Specify Yas or No- to Rican, etc.)	14. Race - Ameri Black, White Specify: Q	
Elementary/Secondary (0-12)	College (1-4or 5+)	16a. Decedent'a U (Giva kind of life. DO NOT	work dona during most of wo Tuse retired)	orking	6b. Kind of Business/li	-
17. Father's Name (First, Middle,	Kellum		18. Mother's Na	me (First, Middle, N		
	hip (Type, Print)		ess (Street and Number, or R	ural Route Number,		mg 0745
2 85 ± 8 12 Burial 2 □ Cramation	3 □Removal from Stata	Place of Disposition (I cometery, crematory of	Name of or other place)	8/9/96	Randall	own, State stown, md
4 Donation 5 Other (S)	Ebron	22. Name Mary	And Address of Facility LF. H. West 4300 We	abash k	benue C	Balty nd
Physician	complications that caused the de only one cause on each line.				st,	Approximata Interval Between Onset and Death
Medical immediate Cause (Final disease or condition resulting in death)		(or as a consequence	oma Blad	der	9	6 mc
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b Due to	(or as a consequence of	of):			7.5
C a c cause. Litter Oricettying						
U € 6% 5		(or as a consequence of	of):		i	
	d			23b. Did to	bacco use contribute	to the cause of death?
Physician Devices the strength of the strength	d		g causa given in Part i.	23b. Did to		to the cause of death?
Dry the attend death of the attendance	d	eaulting in the underlyin	g causa given in Part i.		n autopsy 24b. W	
Physician Devices the strength of the strength	d	eaulting in the underlyin	g causa given in Part i.	1 □ Ya 24a. Was ar perform	n autopsy 24b. W an object of the control of the co	Vere autopay tindings vallable prior to ompletion of cause
Ntal Records, P.O. Box That has been signed by the attending the attending to the attendin	d. ne contributing to death but not re	eaulting in the underlying	g causa given in Part i.	1 ☐ Ya 24a. Was ar perform 1 ☐ Ye ath (Check only one	n autopsy 24b. W an object of the control of the co	Vere autopay tindings vailable prior to ompletion of cause t death?
Nital Records, P.O. Box The law requires that the death condition in the law requirements of	Hospital: 1 inpatient 2 28a. Date of Injury (Month, Day Year)	eaulting in the underlying the following in the underlying the following in the underlying the following in the underlying in the underlyi	26. Place of De DOA Other: 4 Nursing 1 28c. injury at Work?	1 ☐ Ya 24a. Was ar perform 1 ☐ Ye ath (Check only one	n autopsy 24b. Whed? 24b. Whed? 15b. Salar No 1 15b. Salar No	Vere autopay tindings vailable prior to ompletion of cause t death?
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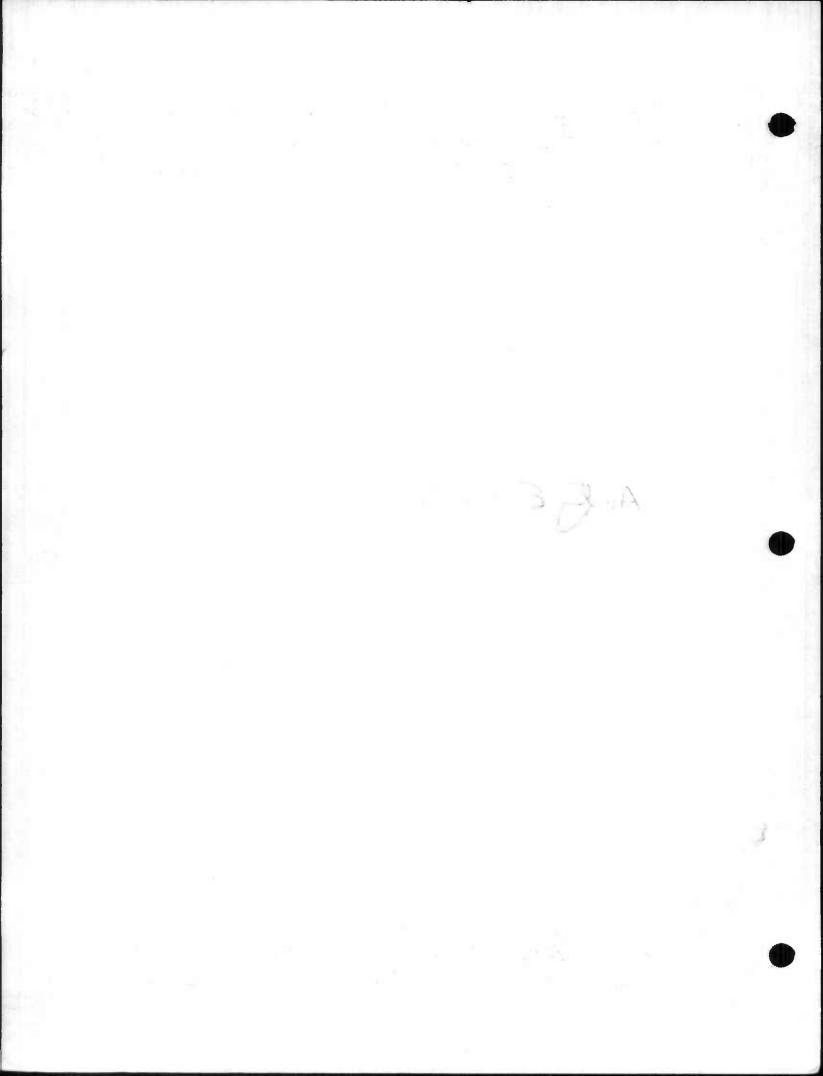
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State of Maryland / Department of Health and Mental Hygiene

2351.1

				oraro or maryrar	Certifica	ate of Death	Workar ry	Reg. No.	20041			
r	Physic	ian	1. Decedant's Name (First, Middla, Last)		11	لمما	2. Data of De Month		ear 12 05			
	/Medi Examir		4a. Facility Nama (If not institution, giva	street and number)		4b. City Town, or	Location of Dea	h 4c. County of				
					Spice	1 Ba	140	V	117			
	Funeral Director		5. Social Security Number 6. Sep 225 - 86 - 1310 Usual Rasidance of Decedent	7. Aga (In yrs.	last birthday) If Uni Yrs. Month	der 1 Year If Under 24 Hrs Is Days Hours Mir		th Year) 454	Birtholaca (State or Foraign Country)			
	yland how		10e. Stata 10b. County	10c. Ci	ty, Town or Location				10d. Inside City Limits			
	with the Meryland is or 28s-f show Los notified at	Director	ind Mir	+	Dalta)			1 Yas 2 No			
	a 23a or 2	rai Dir	10é. Street and Number 267	nng C	-	Zip Coda		10g. Citizan of Wh	U.S.A.			
5-0020	72 hours efter death naturel', or itema 23 dical Examiner mus	by Funeral	11. Maritel Status Marriad 2 Marriad 3 Widowed 4 Divorced	12. Was Devedant Evar in U Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Dates:	If Yes, s	cedant of Hispanic Origin? (i pecify Cuben, Mexican, Pua 2 No Specify:	Specify Yas or Norto Rican, atc.)		American Indien, Whita, atc. Black			
15-0	"natu	letec	15. Decedant's Educ (Specify only highast grade	cation a <i>completed)</i>	16a. Decedant's U (Giva kind of	sual Occupation work done during most of wo usa retired)	orking	16b. Kind of Busin	nass/industry			
2121	filed within Hygiene. Wher than "	Completed	Elamantary/Secondary (0-12)	Collega (1-4or 5+)	unem			WI	A			
	be filed tal Hygi d other event, t	Be	17. Father's Name (First, Middla, Last)	1 1.1	1 6		ama (First, Middla	, Maidan Sumame)				
Maryland	d 2 should be filed the end Mental Hyg. T is marked other treumatic event.	70	19a. Informant's Name/Ralationship (Try	rdner War			Number or Rural Routa Number, City or Town, State, Zip Code)					
	1 and 2 sho Health end em 27 is m ither treum		Samh Ward-	mother	Rt. 1	BUL 330	Death	or City or rown, St	A 22473			
Baltimore,	10 40 0		20a. Mathod of Disposition 1 ■ Burial 2 □ Cremation 3 □ R		Place of Disposition (/	lema of r other place)	Data	20c. Location - Ci				
Iţi m	0 5 44 7		4 ☐ Donetion 5 ☐ Othar (Specify)	U	ruch C	emeters	011/96	Lottsb	rs. UA			
Ba	Department Important any Injure once.		21. Signatura of Funarel Suvice License	11)	$m + \mu$	and Address of Pacility	. West					
			23a. Part1. Enter the disease, or complishock, or haert failure.	cetions thet causad the deal		oda of dying, such as cardia			Approximata			
	Physician		•	a ceusa on aach lina.	/ 1	/			Intarval Batween Onset end Death			
3	/Medical Examiner		tmmedieta Causa (Final diseesa or condition resulting in deeth)	Kaspina	Hory Ho				Mmotes			
S	D #	ner		/ Dua to (d	or es e consequança d	rf):						
	be executed sician and burial-transit	Examiner	Sequantielly list conditions, if any, leading to immediate	Dua to (c	or as a consaquence o	¥:()						
68760,	tificete be execul ig physician and as the burial-trar	caiE	Sequantielly list conditions, if any, leading to immediate cause. Entar Undarlying Cause (Disease or injury that initiated avants	Cucaph	ialo pat	tey.			142			
	rtificete ng phys	Wedical	resulting In death) Last	Acquired	es a consequence o	un Do Can	10. Suz	drouc	5445			
Вох	the death cery the attendir sched for use	lan/	d	The state of the s	VNUN.O	ve serican	icy syn	OFFIRE				
o.	the de	Physician/M	Pert II. Other significant conditions con	tributing to death but not res	uiting in tha undarlyin	g causa givan in Part I.			ibuts to the causs of death?			
S, D	gned b	by PI						Yes 2□No 3	□ Probably 4 ☑ Unknown			
Vital Records,	law requiras thet the death cer as been signed by the attendin a 2 should be deteched for use	Completed						an autopsy ormed?	24b. Wera autopsy findings available prior to completion of cause of death?			
a B	The law ata has paga 2	Com					10	Yas 2 No	1□Yas 2₽No			
V.	certific rector.	Be	25. Was casa rafarred to medical axaminar?	ospitel:		Other	eath (Check only		4/			
9	er this	n: To	27. Manner of Death	28e. Deta of Injury (Month, Day Year)	28b. Tima of	28c. Injury at Work?	1	danca 6 Dothar how Injury occurred				
0	enone Bath. or: Afr	atio	1 ☑Netural 5 ☐ Panding 2 ☐ Accidant Invastigation 3 ☐ Suicide 6 ☐ Could not be	(Month, Day 19ar)	Injury M	1 Yes 2 No						
Divisi	To the Hospital or Attending Physiolan: The is within 24 burs after death. To the Funeral Director: Affer this certificate he completely filled in by the funeral director, paga.	Certification:	3 ☐ Suicide 6 ☐ Could not be datarmined	28a. Place of Injury - At h building, atc. (Specif	oma, farm, straat, fact y)	ory, office	28f. Location (City or To	Streat and Number wn, State)	or Rural Routa Number,			
	Hospi 24 hou Funer itely fill	edicai	29a. Cartifiar (Check only one) 1 ☐ Certifying Phya 2 ☐ Medical Examin	Ician: To the best of my knower: On the basis of axamina	wladga, daath occurrention and/or investigati	ed at the time, dete end plecon, in my opinion, daath occ	e, and dua to tha curred at tha tima,	causa(s) and mann date and place, and	ar as stated. d dua to tha causa(s)			
	ro the	Med	29b. Signature and 106 of compa	and mannar stated.		29c. License number		29d. Data signed (
			Deesto	Juna	8	D08900		7-29-	96			
			30. Name and addrass of person who co		n 23a) (Type, Print)	D08900 8N. Extan	OF TR	Zalda 1	he land			
	Sta	te.	31. Data filed (Month, Day, Year)	, ThuiN B2 Registrar's Signa	Table 1970	110, CRVar	W >1.12	x (80 1	ia eree			
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Physician 10:10 pm WERTZ Thew April /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner OF Mari Miversit Baltimere Iland Hospita, BALTIMORE CITY If Undar 1 Yaar If Undar 24 Hrs. | Months Days Hours Min. 9. Birthplaca (Stata or Foraign 5. Social Security Number . Aga (In yrs. last birthday) **Funeral** 10 M 2□ F Hours NONE Yrs Director Mariland Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Medical Expansion must be notified at MARYLAND ANNE ARUNDEL MILLERSVILLE 1 ☐ Yas 2X No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 521 BRIGHTVIEW DRIVE 21108 UNITED STATES 12. Was Dacedent Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours efter I Department of Heelth and Mentel Hygiene. Important: If Item 27 ia marked other than "naturel", or Hei any Injury or other traumetic event, the Madical Examinar 1 Navar Married 2 Married 1 ☐ Yas 2 🖾 No Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Buainass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) NONE (INFANT) NONE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Be TODD WERTZ TRINA CUFFLEY 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) TODD WERTZ/ FATHER 521 BRIGHTVIEW DR., MILLERSVILLE, MD 21108 20a. Method of Disposition 20b. Place of Disposition (Nama of camatary, crematory or other place) 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Stata GLEN HAVEN MEM. PK., APR. 22, 96 GLEN BURNIE, MARYLAND 4 Donation 5 Dother (Specify) e of Funeral Service Libenses 22. Nama and Addrass of Facility
KIRKLEY-RUDDICK FUNERAL HOME 421 CRAIN HWY., S.E., GLEN BURNIE, MD 21061 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batw **Physician** /Medical immediata Causa (Final disaasa or conditio rasulting in death) Examiner Dua to (or as a consequence of) Examiner physician and the burial-transit Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disease or Injury that initiated evants rasulting in death) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequence of): 88 signed by the at d be detached for Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings availabla prior to complation of cause of death? should 24a. Was an autopsy performed? Completed 1 Yas 2 No 1 ☐ Yas 2 ☐ No funeral director. 25. Was cesa rafarrad to medicel Be 26. Placa of Daath (Check only ona) Hospital: Othar: 4 Nursing Horna 5 Rasidance 6 Othar (Specify) 1 Tas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how injury occurred Certification: 28b. Tima of 28c. injury at Work? 5 Pending 1 Natural 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant 6 Could not be datamined 3 ☐ Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 - Homicida

Box 68760 Division of Vital Records, P.O. To the Hospital or Attanding Physician: within 24 hours after deeth.

To the Funeral Oirector: After this certified

attending

the Maryland

with

death

Baltimore, Maryland 21215-0020

State Registrar

Medical

29a. Certifian

29b. Signature and titla of certifier

29c. Licansa number

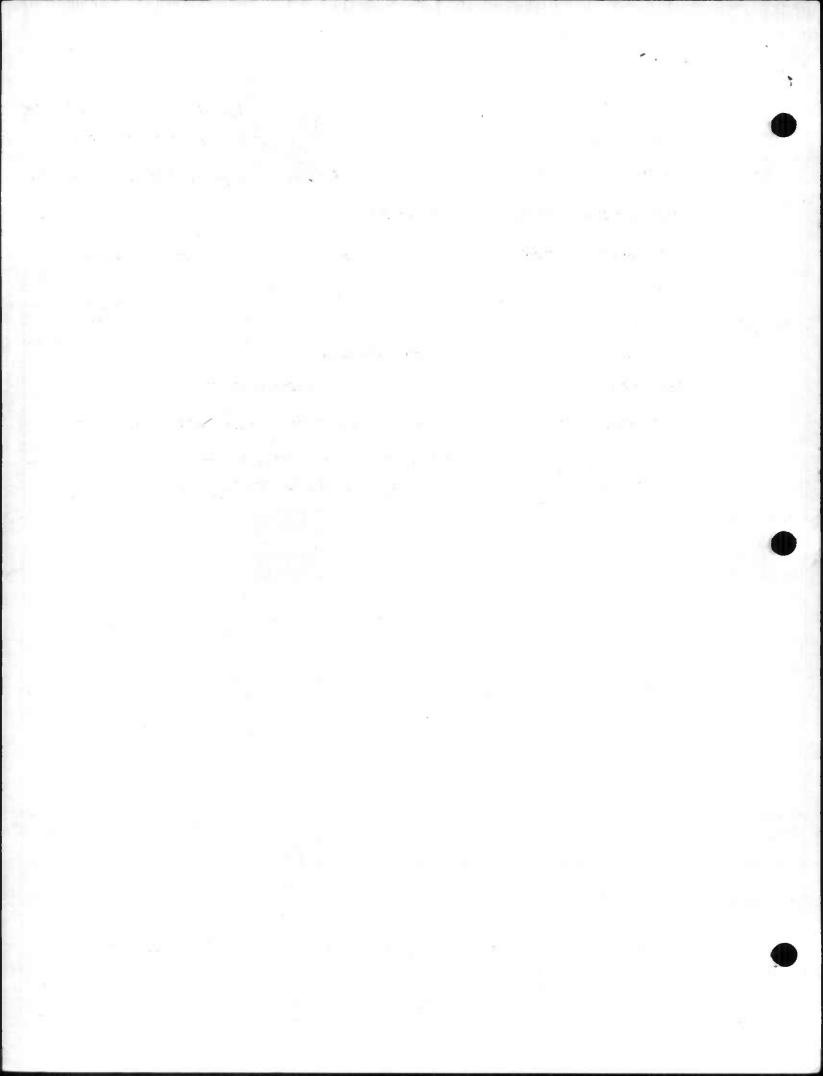
29d. Data signed (Month, Day, Year)

lieted ceusa of daath (Itam 23a) (Type, Print)

22 South Greene Street SON 31. Data filed (Month, Day, Year) AUG 0 8 1996

1 🗠 Certifying Physician: To tha best of my knowledga, death occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 23543 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death WHITE Month ZEL 7-00 PM AUGUST 1996 4b. Cfty, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) 4c. County of Death 301 Hospital De (olen Burnal if Under 24 Hrs. 8. Date Arundel Hospital Arundel 5. Social Security Number 7. Aga (In yrs. last birthday) Birthpiaca (State or Foreign Country) Md Days Months Hours 1□M 287F 214-72-1574 6/17/47 Usual Residance of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No Anne Arundel Pasadena 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 8153 Arminger Drive 21122 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Ricen, atc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 ☐ Yes 2.2 No If Yas, Giva Year or Datea: 1 Never Married 2 Married 1 ☐ Yes 2 B No Specify: Specify. 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grada complated) Elementary/Secondary (0-12) College (1-4or 5+) Custodian A.A. Board of Education 17. Father's Name (First, Middle, Last) 18. Mother'a Name (First, Middle, Malden Sumame) V. Bortner Louis Anna M. Pearman 19a Informant's Name/Relationship (Type, Print) 19b. Mailing Addresa (Street and Number or Rural Route Number, City or Town, State, Zip Code) Wilbur White/ Husband 8153 Arminger Drive Pasadena, Md 21122 20b. Piace of Disposition (Name of cematery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State Glen Haven Mem. Park 8/5/96 Glen Burnie, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Servica Line 22. Name and Address of Facility McCully Funeral Home of Pasadena 3204 Mountain Road Pasadena, Md. 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximata Interval Between Onset and Death ANCREATIC CANCER Immediata Cause (Final 4 Y EARS disease or condition resulting In death) Due to (or ea a consequenca of) Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an eutopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 26. Placa of Death (Check only one) Other: 4☐ Nursing Homa 5☐ Residenca 6☐ Othar (Specify) 1 Mnpatient

Physician /Medical Examiner

Physician

/Medical

Examiner

10a. State

Md

Directo

Funeral

by

Completed

Be

Funeral

Director

Pages 1 end 2 should be filed within 72 hours efter death with the Meryland nent of Haalth end Mentel Hyglane. Int: If them 27 is marked other than "naturel", or items 23s or 28s-f show

Baltimore, Maryland 21215-0020

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at

other

Department of Important: If the any Injury or o

physicien and s the buriel-transit signed by the a certificate he Hospital or Attending Physicien: 724 hours after death.
Funeral Director: After this certifica

The law requires that the death certificete be executed

Division of Vital Records, P.O. Box 68760

Examiner Physician/Medical à Completed Be Certification: To

25. Was case referred to medical examinar? 1 Yes 2 No

27. Manner of Death 1 Naturei 5 Pending investigation 2 Accident 6 Could not be detarmined 3 Suicida 4 Homicide

29a. Certifier (Check only one)

28a. Date of Injury (Month, Day Year)

28b. Time of 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify)

2 ☐ ER/Outpatient 3 ☐ DOA

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, end due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner steted.

29b. Signature and title of certifier

29c. License number

29d. Date signed (Month, Day, Year) D 46962 AUGUST 2, 1996.

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

M. SHIRA 21, MD. HOUSE PHYSICIAN. NORTH ARUNDEL HOSPITAL. MD 2106,

State Registrar 31. Dete filed (Month, Day, Year) AUG 0 8 1996



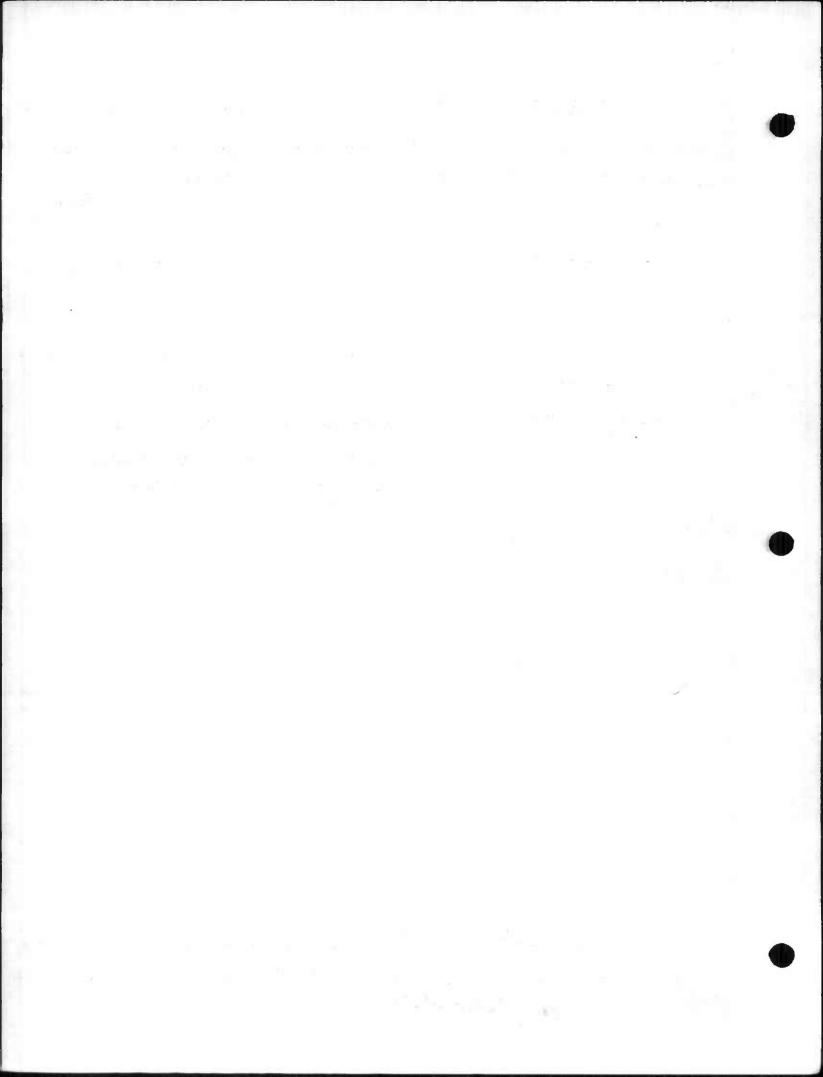
DHMH 16 Rev 6/95

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To the Hosp within 24 ho To the Fune completaly fi

cal





Film G737 item 26 per Dr 8-8-96 rja

Certificate of Death

Physician /Medical 1. Decedant's Nama (First, Middla, Last) GENE FRANCIS

WIGHTMAN

77

7. Aga (In yrs. last birthday)

2. Date of Death July 28 1996 3. Time of Courth 2051

10d. Insida City Limits

1 ☐ Yas 2 No

Examiner

4a. Facility Nama (If not Institution, giva straat and number) North Arundel Hospital

4b. City, Town, or Location of Daath Glen Burnie

If Undar 24 Hrs.

Hours

4c. County of Death Anne Arundel

Funeral Director

17 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examiner must be notified at

permit. Plages 1 and 2 should be filed within 72 hours after Department of Health and Mentel Hygiene. Important if them 27 is merked other than "natural", or lies any injury or other traumatic event.

Physician /Medical

Examiner

attending physician end for use as the bunal-transit

signed by the

page 2 si

certificate

this

After

To the Hospital or Attendin within 24 hours after death.

To the Funeral Director: Aft completely filled in by the fur

The law requires that the death certificate be executed

Box 68760.

P.O.

Records,

Division of Vital

Hospital or Attending Physician:

death.

Baltimore, Maryland 21215-0020

with the Maryland

10a. State MD

10c. City, Town or Location

8. Data of Birth (Month, Day, Year) Oct. 5, 1918 Missouri 9. Birthplace (State or Foraign

514-09-0995 Usual Rasidanca of Decadant

5. Social Sacurity Number

Director

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Completed

Be

2

Examiner

Physician/Medical

by

Completed

Be

P

Certification:

edicai

Anne Arundel

1 XM 2 □ F

Odenton

10f. Zip Coda

If Undar 1 Yaar

Months

Days

10g. Citizan of What Country?

USA

10a. Straat and Number

1114 Court Revere

1 Navar Marriad 2 Marriad 3 Widowed 4 Divorcad

12. Wes Dacadant Evar in U,S. Armad Forcas? 1 Yas 2 □ No If Yas, Giva Yaar or Datas

 Was Dacedant of Hispanic Orlgin? (Spacify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, etc.) 1 ☐ Yas 2 ☐ Xo Specify:

 Race - Amarican Indian, Black, Whita, etc. White

15. Dacadent's Education (Spacify only highast grada complated) Elemantary/Sacondary (0-12)

Collaga (1-4or 5+)

16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) Captain USMC

21113

16b. Kind of Businass/Industry

Military

17. Father's Nama (First, Middla, Last)

Fred

12

Wightman

18. Mothar's Nama (First, Middla, Maidan Surnama)

Jessie Dusenberry

19a. Informant's Name/Relationship (Type, Print)
Dorothy G. Wightman

19b. Mailing Addrass (Streat and Numbar or Rural Routa Number, City or Town, State, Zip Code) 1114 Court Revere, Odenton, MD 21113

20a. Mathod of Disposition

1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 4 Donation 5 Othar (Spacify)

20b. Place of Disposition (Nama of camatary, crematory or other place) Maryland Veterans Cem. 8/2/

20c. Location - City or Town, State Crownsville, MD

eyo Funeral Service Lig

22. Nama and Address of Facility
Hardesty Funeral Home, P.A 851 Annapolis Road, Gambrills, nations that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory arrest,

MD 21054

Immadiate Ceusa (Final disaasa or condition rasulting in daath)

Dua to (or es e consequence of):

pertension

Approximata Intarval Batwean Onsat end Daeth

mnediate

Sequantially list conditions, if any, laading to immadiate ceuse. Entar Undarlying Cause (Disaasa or Injury that believed as a or Injury that initiated avants rasulting in daath) Lest

Part II. Other algnificant conditions contributing to death but not rasulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

heart block

24a. Wes en autopsy performad?

24b. Wara autopsy findings evailabla prior to complation of causa of daath? 1 Yas 2 No

therosclerosis 0 25. Wes casa referred to medical

AOD TO

Other: 4□ Nursing Homa 5 Rasidanca 8 □ Othar (Specify)

28d. Dascribe how Injury occurred

1 Yas

axaminer? 1XIYas 2∐ No 27. Manner of Death 1 Netural 2 Accidant

5 Panding Investigation 6 Could not be daterminad

Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 28a. Data of Injury (Month, Day Year) 28b. Tima of

28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

28c. Injury at Work? 1 ☐ Yas 2 ☐ No

Location (Straat and Number or Rural Route Number, City or Town, State)

29a, Cartifian

3 ☐ Suicida

4 Homicida

Cartifying Physician: To the bast of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signetura and titla of certifiar

M.D.

29c. Licansa number

30. Name and eddress of person who completed cause of deeth (Itam 23a) (Type, Print) 5133

Haigne. 31. Dete filad (Month, Day, Yaar) AUG 0 8 1996

rainglen Lane, Chery Chase Ragistrar's Signetura

Registrar

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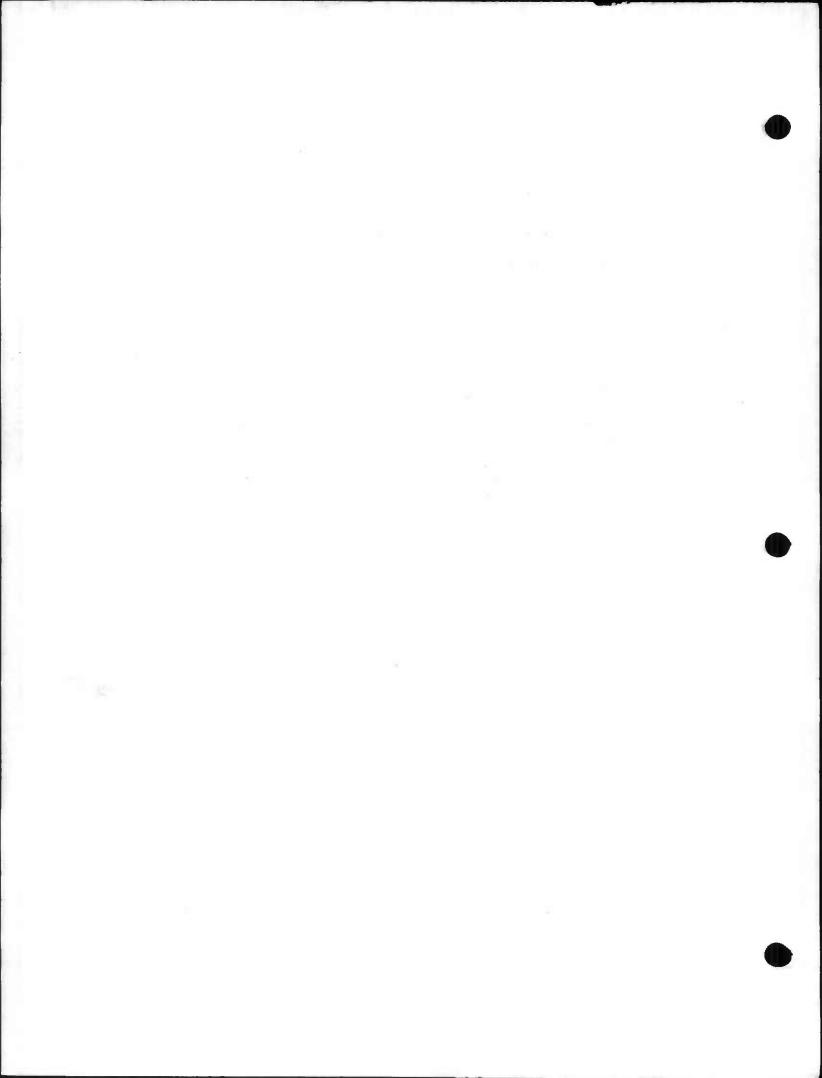
29d. Data signed (Month, Day, Year)

State **DHMH 16 Rev 6/95**

Er arthur Landson

ted within 24 hours after death. Page 6 may be retained by the hospital of	completely filled in by the funeral director, page 5 should be detached for all, cremation, or removal.	event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Debt, of Heath and Mental Hydiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE OF STATE OF		RTMENT OF HEALTH	AND MENTAL HYGIEN	lE o						
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN	3. TIME OF DEATH						
	Robert Daniel	Abbo	tt , Sr.	July 26	1996 2:40 A	М					
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birthday,		44.4 .44 (0 14 1	8. BIRTHPLACE (State or Foreign Country)						
	578-50-2838 1 X M 2 F	57 YRS.	9b. CITY, TOWN OR LOCATION	Sept 1,	1938 Washington, I	00					
<u></u>	14763 Bank O Dee Ro	n đ	Newburg								
DIRECTOR	RESIDENCE OF DECEDENT	14	Newburg		Charles	-					
12	10a. STATE 10b. COUNTY	10c. Ci	TY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?						
	Maryland Charles 100. STREET AND NUMBER		Newburg		1 TES 2 NO						
FUNERAL	14763 Bank O Dee Ro	, a	18f. ZIP CODI		10g. CITIZEN OF WHAT COUNTRY?						
빌		LC.		664 OF NISPANIC ORIGIN? (Specify Ye	U.S.A.						
5	1 Never Married 2 Married FORCES?	1 YES 2 NO	If yes, specify Cubs 1 YES 2 NO	n, Maxican, Puarto Rican, etc.)	Black, White, etc.						
ВУ	3 Widowed 4 Divorced	WAR OR DATES	s 1 YES 2X NO Specify: Specify: Whit								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired.)								
	Elementary/Secondary (0-12) College (1-4 or	(+)									
룔	11	Heavy	Equip. Operator Charles Co. Board								
응	17. FATNER'S NAME (First, Middle, Lest)			NER'S NAME (First, Middle, Maider	n Surname)						
H	Daniel Abbott 19a, INFORMANT'S NAME (Type/Print)			nna Abbott							
임	Keith W. Abbott			or Rural Route Number, City or Tox							
	200. METHOD QF DISPOSITION		OF DISPOSITION (Name of		209 Faulkner, MD	_					
	1 Burlel 2 X Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)				lexandria, VA						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	M00817	22. NAME AND ADDRE	SS OF FACILITY	TITCAMIUITA, VA						
	Arenart-Echols Funeral Home,										
\vdash	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate										
	shock, or heart failure. List only one c		not enter the mode or dy	ing, auch se cerdisc or resp	Interval Between						
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardio Sul morany arrest from										
	resulting in death)	D (ON A) A CONSEQUENCE	OF WILL	Trans	Ma DI 9000111	_					
_	but to contable a consequence of desen had Malignancy										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	O (OR AS A CONSEQUENCE	OF):	0	. 0						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	is bost	multiple	labaro	to mies						
E	that Initiated eventa reaulting in death) LAST	O (OR AS A CONSEQUENCE	OF):	. /							
监	d. 50 (vel o	Sfunch	on.							
AL C	PART ii. Other algnificant conditions contributing	o death but not regulting	in the underlying cause								
				PERFO	AMAILABLE PRIOR TO COMPLETION OF CAUSE						
MEDIC					OF DEATN? 1 □ YES 2 XNO						
ž	DID TOBACCO USE CONTRIBUTE TO C	AUSE OF DEATH	'ES 🗆 NO 🗵 UNO	ERTAIN 🗆							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DE	ATN (Check only one)								
SIC		ER/Outpatient 3 DOA	OTHER: 4 Nursing Nome 5 Re	asidenca 6 Other (Specify)							
E	27. MANNER OF DEATN 28e. DATE (Month	Day Year)	WILLIAM WORKS "	N/A 28d. DESCRIBE NOW	INJURY OCCURED						
BY	1 Natural 5 Pending 2 Accident Investigation		1 YES 2	NO NO	/ /						
COMPLETED	3 Suicide 8 Could not be building determined	of INJURY — At home, term g, atc. (Specify)	, street, factory, office	281. LOCATION (Street City or Town, State	and Number or Rural Route Number,						
	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best	et mu komulados, daeth sasu	med at the time data and also			4					
₩.	ana)										
	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurad at the time, data and placa, and due to the cause(a) and menner ea stated. 29b. Signarum And Title of Centralia										
BE	296. SIGNETURE AND TITLE OF CENTIFIED AND THE SIGNED (Month, Day, Year) 296. LICENSE NUMBER D47202 297. LICENSE NUMBER 7/27/96										
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	//		• -		-					
	PRADIP SAHDEV, M.D. 1134			13 Waldorf, M	D 20603						
		PARIS SIGNATURE									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 23546

			Certificate of Death Reg. No.												
	Physic	ion	1. Decedent's Neme (First, Middle, L.								2. Dete of Dee	th	Yeer	100	of Death
	/Medi		Helen	Louise		CURI						8, ^{Da} ¥996	1001	8:45	(MI)
	Exami	ner	4a. Facility Neme (If not institution, gi 11904 Heather Di		mber)				Hage	rsto	wn	4c. County Wash	of Death ingto	on	
	Funerai Director		220-28-3509	Sex 1□M 2ÅF	7. Age (In yrs. la:	st birthdey) Yrs.	ff Under Months	1 Year Deys		24 Hrs. Min.	8. Dete of Birth (Month, Dey Aug. 6	, Year)	Cou	olace (State ntry) rylan	e o <i>r Foreign</i> d
	the Maryland 28a-f show notified at	Director	Usuel Residence of Decedent 10e. Stete 10b. County Maryland Washin 10e. Street and Number	ngton		Town or Lo		Code				Og. Citizen of		1 □ Ye	City Limits
	h with	ai Di	11904 Heather D	rive			101. 210	217	740			USA		iii y r	
0200-91212	72 hours after death with the Maryland netural; or items 23s or 28s-f show does! Expended must be notified at	by Funerai	11. Meritel Stetus 1 ☐ Never Merried 2☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Dece Armed For 1 Tes If Yes, Giv Yeer or De	2 🔯 No		Ves Deced Yes, spec			gin? (Sp	ecify Yes or No- Rican, etc.)		ck, White,		
2-0	72 ho	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)		16a. Deced	lent's Usue kind of wo	i Occu	pation during mos	t of work	ing	16b. Kind of B	usiness/In	dustry	
	within ene. then	dmc	Elementery/Secondery (0-12)	College (1	-4or 5+)	`life. L			eper			advertising			
	Hygie other	Be Co	17. Father's Neme (First, Middle, Las.				000	JKKC	T .	er's Neme (First, Middle, Meiden Surneme)					
Jai	should be ind Mental in marked or umatic eve	ToB	F. Vernon Lewis						Pa	Pauline R. Engle					
Maryland	2 sho and is me		19e. Informant's Neme/Reletionship	(Type, Print)						er or Rural Route Number, City or Town, Stete, Zip Code)					
	Health Health Sm 27 is		Frank J. Arcuri 20a. Method of Disposition		20b Pie				Dr.,	Dr., Hagerstown, Maryland 21740 Dete 20c. Location - City or Town, Stete					
Baltimore,	permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylan Deperment of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Examination untilled at once.		1 □ Buriel 2 ☑ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) Cemetery, cremetory or other place) Hagerstown Crematory							7-	00 06				land
nan			21. Signeture of Funeral Service Lice	nagerses in crement,											
68/6U,	box 500 000, each certificate be executed // // // // // // // // // // // // //	Medical Examiner	Immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	e. Ca	Due to (or e	es e conseq	uence of):)00	Boo ue l	mel	t info	ltuot	of ung	d.	dy:
s, F.O. DOX	law requires that the death c as been signed by the attend s 2 should be detached for us	Physician	Pert II. Other significant conditions	contributing to de	eth but not resuiti	ing in the ur	nderlying c	ause gi	ven in Pert t		23b. Did tobacco use contribute to the cause of				
	e law requir has been s ge 2 should	Completed by									24a. Was a perform	n autopsy med?	/	ere autope allable prid mpletion o death?	y findings r to cause
2	ysiclan: The Is certificate director, pag	Bec	25. Was case referred to medical examiner?						26. Place	of Death	Check only on		120	7.1/7	-///
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5	ath. rr: Afte	atio	1 ☑ Natural 5 ☐ Pending 2 ☐ Accident investigation	n	h, Day Year)	Injury	-M-		Yes 2□	No					
	of or Attender after de l'Director d'In by th	Certification:	3 Suicide 6 Could not t 4 Homicide determined	280, P1808	of Injury At home	e, farm, str	et, factory	, office		-	284: Location (St City or Town		er or Run	il Route Nu	umber,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical C	29e. Certifier (Check only one) Certifying Pl	nystcian: To the i miner: On the be end menn	isis of examinatio	edge, deeth n end/or inv	occurred estigetion,	et the ti	me, date en opinion, dea	d plece, th occurr	end due to the cred at the time, d	ause(s) end mate and plece,	anner as s and due to	itated. o the cause	e(s)
	Vithin To the	Me	29b. Signeture end title of certifier	1	1 0		290	. Licen	se number		2	9d. Dete signe	d (Month,	Day, Year,)
			D00936 July 29, 19							, 1996	5				
			30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)												
			Max E. Byrkit, M.D.		t Drive, V		isport,	MD	21795						
	Sta Registr		31. Dete filed (Month, Dey, Year)	1996 N	egistrer's Signetur	re Real	latte								

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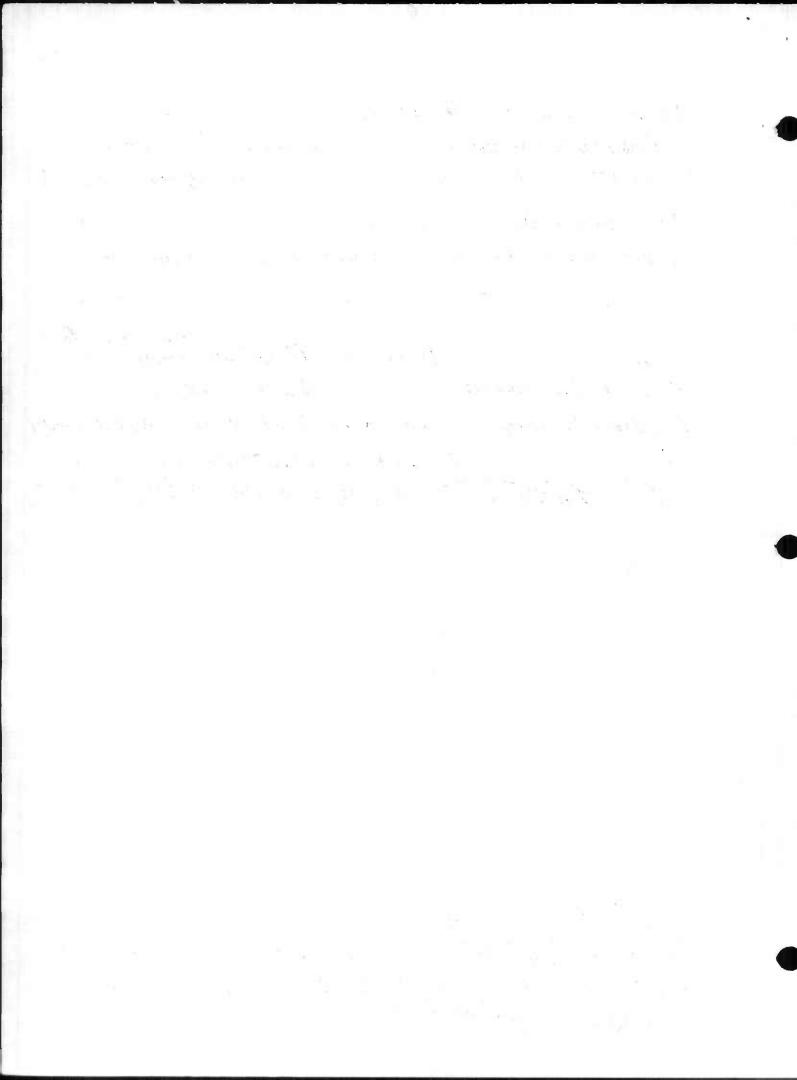
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 95

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72 ho	al	5. Social Security Number 6. S 213-18-0395 Usual Rasidance of Decedant	EDWARD re street and number) NAL MEDICAL	LEE CENTER		BRACL	ORCL b. City Town	2. Date of De Month Juli or Location of Death	Day 7	Year 996	3. Time of	Death	
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72 hours after death with naturel; or items 23s or deal Examiner must be		10e. Straat and Number				Zip Coda		10g. Citizen of What Country?					
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thin	pje	Elamantary/Secondary (0-12)	College (1-4or 5-	+)	lifa. DO NOT	Tusa retired)	WORKING					
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00-			7/23			wn, State							
permit. Pag Department Important: I eny Injury o													
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uted Insit	Examiner												
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eath certificate be executed attending physician and I for use as the burial-transit	VMedicai	rasulting in daath) Lest			1								
death e atten ed for u	clar												
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To the Hospital of within 24 hours at To the Funeral Discompletely filled is	edicai	29a. Cartifiar (Check only one) 12 Certifying Ph	yalcian: To the best of niner: On the basis of and magner stat	examinetion and	, daath occurre d/or invastigati	ed at the tim lon, in my op	a, deta end pla binion, daath o	ace, and dua to tha courred at tha tima,	causa(s) and made and plece,	annar as ste end due to	ated. the cause(s)		
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					Cer	tificate of Death	Reg. No.		
			1. Decedant's Name (First, Middla, Last				2. Deta of Death	Vana	3. Time of Death
	Physici		Ve ma (Terral	dine H	Farris	BROWN	Month Dey	1996	1935
	/Medic		4a. Facility Neme (If not institution, give					nty of Deeth	(())
	Examir	ier							
			PENINSULA REGIONA			SALIS		COMIC	
	Funeral		5. Social Security Number 6. Se	x 7. Age (in yn ⊐M 2∮2∫F	s. last birthdey)	Months Deys Hours	Min (Month Day Year)	Cau	placa (Stete or Foreign
	Director		211-72-1311	J M 2)Q F	5 / Yrs.		SEPT. 24, 1944	Ma	ryland
	р.		Usuei Residence of Decedent						
	how		10a. Stete 10b. County	1	City, Town or Loc	cation		1	0d. Insida City Limits
	M T	to	Mid. Dorche	25ter	Vienr	1a			1 Vas 2 No
	the 128	rec	10e. Sfreef and Number			10f. Zip Code	10g. Citizen	of Whet Cour	ntry?
	WIE S	ō	liant Back	Street		21869-00			tac
	72 hours efter death with the Maryland naturel', or items 23a or 28s-f show diesi Examiner met be northed at	Funeral Director	100		110				-1 W
	ar de	ů		12. Was Decedent Ever in Armed Forcas?	U,S. 13. V	Ves Decedant of Hispanic Origir Yes, specity Cuban, Mexican, I	Puerto Rican, etc.)	taca - Amario lieck, White,	
20	to be		1 Nevar Married 2 Married	1 ☐ Yas 2 ☑No If Yes, Give	1	☐ Yes 2 No Specify:	Spe	city. DI	L
5-0020	ours Fer	d by	3 ☐ Widowed 4 ☑ Divorced	Yaer or Detes:				Ble	ack
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a	d be	o Be	Willie Kellon	Harris		Nell	ie Jackson		
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Maryland			19e. informent's Neme/Reletionship (T)	(190. Mellin	g Address (Street end Number	or Ryrel Route Number, City or To		
	Haalth em 27		Paul Brown, Jr.	(Son)	9935	Back STR	et Vienna, 1	ND 21	867-0011
20	of H		20e. Method of Disposition		Pleca of Dispos cemetery, crem	sition (Neme of netory or other place)	Dete 20c. Location	n - City or To	own, Stete
altimore,	permit. Pages 1 end 2 of Department of Haalth at Important: If Item 27 is eny Injury or other trau		1 Buriei 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)	temovel from State	esley U	M. Church Ce	n 7/23/26 Vien	10,1	MD
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			(acounds or	ans	2	270 Fredhilt	on fass Ba	to,	MD 21229
			23a. Pert1. Enter the disease, or compl shock, or heart feilura. List only or	ications that caused the de-	eth. Do not ante	or the mode of dying, such as ca	rdiac or raspiratory arrast,		Approximata Interval Between
	Physician								Onsat and Death
7	/Medical		immediate Cause (Final	. Metestat.	. /			1	2
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_	certificate be executed ding physician and isa as the burlel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury	Due to	(or es e consequ	uence of):			
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87	ate hysi tha	Medical	thet initieted events resulting in deeth) Lest	Due to	(or es a consequ	uenca of):			
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	thet the daath ed by the attan dateched for u	Physician	Pert ii. Other significant conditions cor	ntributing to deeth but not re	esuiting in the un	deriving cause given in Part I	23b. Did tobacco use	contribute to	the cause of death?
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State of Maryland / Department of Health and Mental Hygiene

7620 YORK ROAD, BALTIMORE, MARYLAND 21204

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Esther Taylor Bittner **Physician** Month Vaar 28, **ESTHER** BITTNER 1996 10:50 PM JULY /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner TOWSON, M.
If Undar 1 Year If Undar 24 Hrs. SAINT JOSEPH MEDICAL CENTER MARYLAND BALTIMORE 5. Social Security Number 8. Data of Birth (Month, Day, Year) Feb. 24, 1921 7. Aga (In yrs. last birthday) 9. Birthplaca (Steta or Foreign Country) Maryland **Funeral** 1 M 2 XF Days 217-14-9868 Yrs. Director Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Items 23s or 28s-f show iner must be notified at 1 Tyas 2X No Director Maryland Harford Bel Air 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1711 Schucks Road 21014 U.S.A. 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas Ž(Ž)No if Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status filed within 72 hours after 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yas 2 🗓 No Specify: à Specify: XIX Widowed 4 □ Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Business/Industry Aberdeen Proving Ground (Specify only highast grada completed) Peges 1 end 2 should be filled within nent of Health and Mental Hyglene. int: If item 27 is marked other than ' Flemantary/Secondary (0-12)
Twelve Years Coilega (1-4or 5+) Aberdeen, Maryland Purchasing Agent 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Sumama) Willis Jackson Taylor Grace C. Jackson 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) permit. Peges 1 and 2 a Department of Health ar Important: If Item 27 is any injury or other trau David M. Bittner 4555 Hazelwood Avenue, Baltimore, MD 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Deurial 2 Cramation 3 Ramoval from Stata Harford Memorial Gardens 8/1/96 | Aberdeen, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Sarvice Licenses 22. Nama and Addrass of Facility Lee A. Patterson & Son Funeral Home attern, Su Perryville, Maryland 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onsat and Death Physician /Medical Immediata Causa (Final a ADULT RESPIRATORY DISTRESS SYNDROME disaasa or condition resulting in death) 1 MONTH Examiner Due to (or as a consequance of): Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaesa or Injury that initiated evants rasulting in daath) Last Bud Dua to (or as a consequenca of): physician e Box 68760 Physician/Medicai Dua to (or as a consequence of): signed by the aid be detached for P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 □ Probably 4 Unknown 1) CORONARY ARTERY DISEASE Records. ð cate has been sig , page 2 should b 24b. Were autopsy findings available prior to complation of cause of death? Completed 24e. Wes en autopsy performed 1 ☐ Yas 2 X No 1 Yas 2 No certificate Division of Vital Hospital or Attending Physician: 24 hours after death. Puneral Director: After this certifica staly filled in by the funerel director, g Be 25. Was casa refarred to medical examinar? 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yas 2 No Certification: To 1 Minpatiant 2 □ ER/Outpatient 3 □ DOA 27. Mannar of Death 28a. Data of injury (Month, Day Yaar) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Pending invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral C completaly filled edicai time Certifying Physician: To the best of my knowledga, daath occurred at the time, dete and placa, and due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner stated. 29e. Certifier (Check only one) 29b. Signatura and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) D 30263

State Registrar

30. Nema and addrass of person who complated cause of death (Item 23a) (Type, Print)

M.D.,

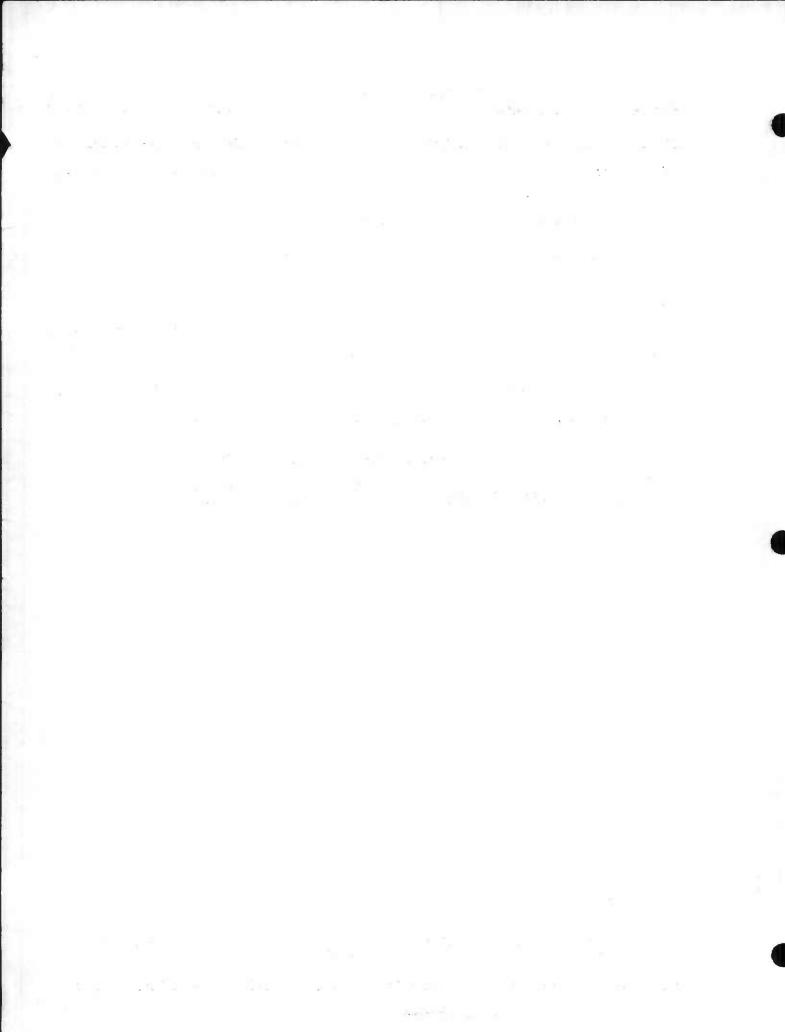
32. Registrar's Signatura

DR. FRANCIS KHOO,

31. Data filed (Month, Day, Year)

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DHMH 16 Rev 6/95



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State of Maryland / Department of Health and Mental Hygiene 96

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C SEE		19e. Informent's Neme/Relationship (Type, Print)				otand Numberor P Drive - 1				-	Code)		
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altii nit. F sartmoortan	ł	4 Donation 5 Other (Specify) 1. Signeture of Funeral Service Licensee 22. Neme end Address of Facility, Hicks Home for Funerals, P.A.										44.0		
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Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last, 2. Data of Death 3. Time of Death **Physician** 10 TULL /Medical 4a. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Beath 4c County of Death Examiner If Undar 1 Yaar Jeonge's If Under 24 Hrs. BUTHERN 7. Age (In yrs. last birthday) 5. Sociel Security Number 8. Date of Birth (Month, Day, Year) Birthplece (State of Foreign Country) **Funeral** Months 1□M 2√F Days Hours 578-30-6348 70 Director Nov 5, 1925 Washington DC Usual Rasidence of Decedant with the Maryland 10b. County 10c. City, Town or Location 10d. Insida City Limits show r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 1 ☐ Yas 2 ☐ No Directo Maryland Prince George's Clinton 10e Street and Number 10f. Zip Coda 10g. Citizen of What Country? 8013 Woodyard Road 20735 United States death Funeral 12. Was Decedent Evar in U,S. Armed Forces? 11 Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, atc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or ite any finury or other traumatic event, the Medical Experien 1 ☐ Nevar Merried 2 ☑ Married 1 ☐ Yes 2 ☐ No If Yas, Give \ altimore, Maryland 21215-0020 1 Yas XXNo Specify: White þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) Housewife At Home 11.
17. Father's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnema) Be Lewis Hellar Helen Veronica Brown 2 19e. Informant's Name/Raiationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Routa Number, City or Town, State, Zip Coda) Burnely Fretwell Beard 8013 Woodyard Road, Clinton, Md 20735 20b. Placa of Disposition (Nama of comatary, crematory or other place) July 30, 1996 20a Mathod of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cramation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Suitland, Maryland Washington National Cemetery Sultdard, Fig. 22. Nama and Address of Fecility Lee Funeral Home, Inc 21. Signature of Funerel Service Licensee 6633 Old Alexandria Ferry Road, Clinton, Md 20735 23a. Pert1 Entar tha diseasa, or complications that causad tha daeth. Do not anter the moda of dylng, such es cardiec or raspiratory arrest, shock, or heert failura. List only ona ceusa on aach line. Approximata Intervei Batween Onset end Deeth **Physician** /Medical Immediata Causa (Finel disease or condition rasulting in death) Examiner signed by the attending physician and d be detached for use as the burial-transit Sequentially list conditions, if any, laading to immediata cause. Entar Undarlying Cause (Disease or injury that initiated events resulting in daath) Last death certificate be axecu P.O. Box 68760, Physician/Medical contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributa to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No Division of Vital Records, þ 24b. Wara autopsy findings available prior to page 2 should Completed 24a. Was an autopsy completion of causa of death? has certificate 1 Yes 2 DrNo 1 Yes 2 No 25. Was casa referred to medicat Be 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yas 2 No 2 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of Certification: Attending 5 Panding Invastigation 1 Natural death. To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completely filled in by the fu 1 Yas 2 No 2 Accidant 3 Sulcida 6 Could not be datamined Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 | Homicida 1 Certifying Physician: To the best of my knowledge, deeth occurred at tha time, dete and place, end dua to the causa(s) and manner as steted.
2 Medical Examinar: On the basis of axaminetion and/or invastigation, in my opinion, death occurred at the time, date and place, end dua to the causa(s) and manner stated. 29e. Certifier edical 29b. Signatura and title of certifiar 29c. License number 29d. Data signed (Month, Day, Year)

PISCATAWAY

State Registrar

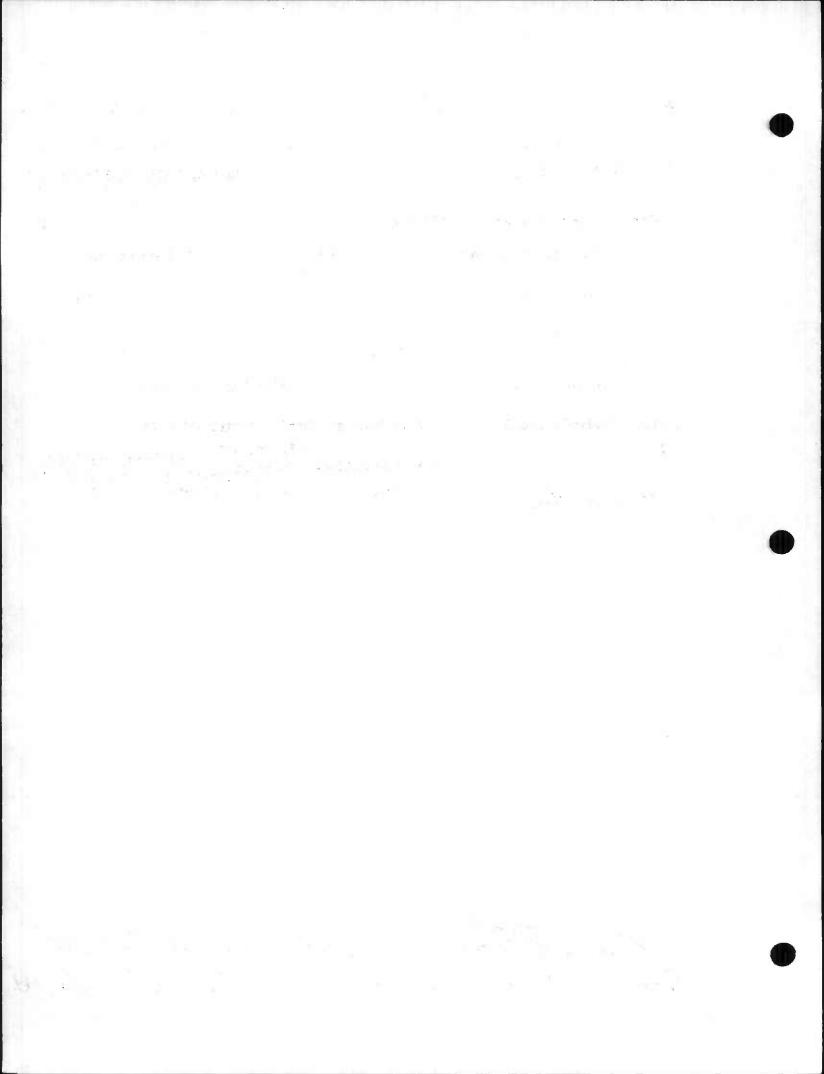
31. Data filed (Month, Day, Year)

30, Nama end addrass of person who completed causa of death (Itam 23a) (Type, Print)

32. Registrar's Signatura

Julia Stevelson Rardall

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State of Maryland / Department of Health and Mental Hygiene 96 23553

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State of Maryland / Department of Health and Mental Hygiene 96 23554

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29c. License numbar D05821

Francisco G. Japzon, M.D., FACS, 346 Mill Street, Hagerstown, Md.

29d. Dete signed (Month, Dey, Yeer) July 23, 1996

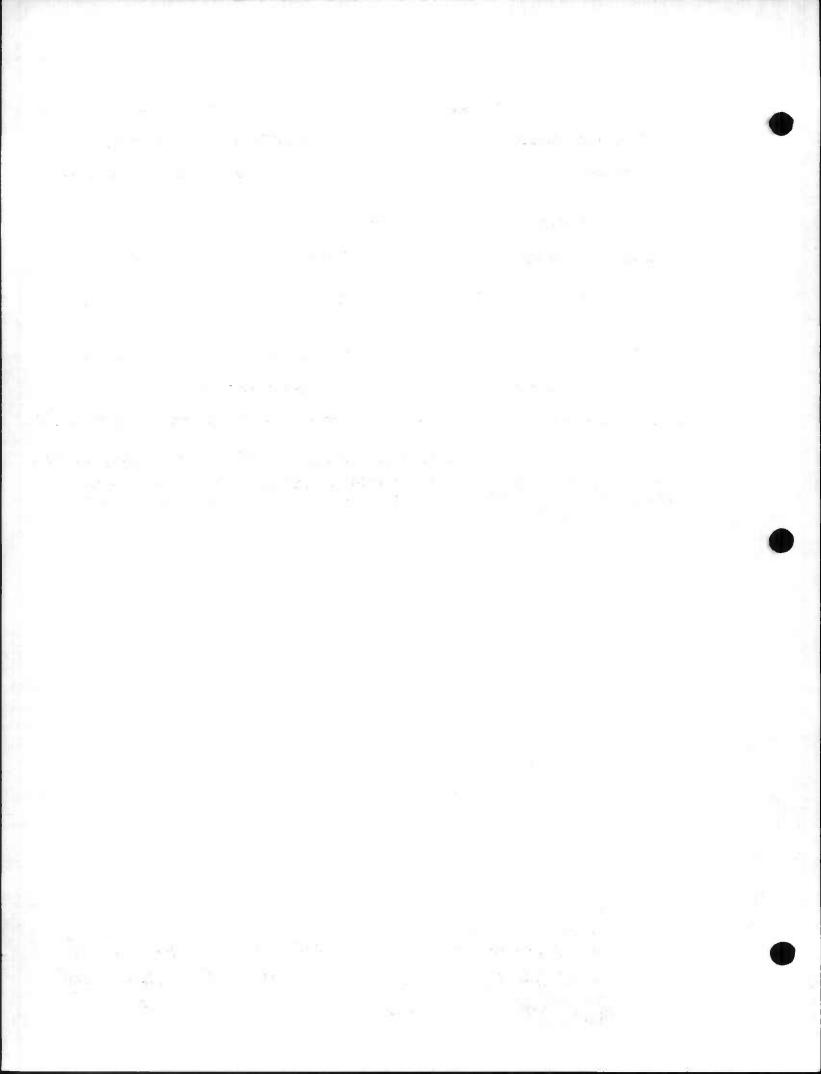
State Registrar 30. Name and addrass of parson who complated cause of death (Item 23e) (Type, Print)

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State of Maryland / Department of Health and Mental Hygiene 96

					C	ertificate of	Death		Reg. No.	C	0000
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		}	30. Nama and address of person who co	mojeted cause of dee	th (ttam 23a) (Tun	Print)	11100		cery	=/_	14
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	yland		10a. Stata 10b. County		10c. City, Tow	n or Loca	ation						10d. Inside City Limits
	the Mar 28a-f st	Director	Md. Worce	ster	Sno	ow E							1 🕱 Yas 2 🗆 No
	23a or	rai Dir	300 S. Bay St	reet			10f. Zip Coda 2186	63				of What Cou	untry?
020	is 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23e or 28e-f show other traumatic event, the Modical Exprired must be notified at	by Funeral	11. Meritei Status 1 XNever Merriad 2 Merried 3 Widowad 4 Divorced	12. Wes Decedant E Armed Forces? 1 Yas 2 N If Yas, Give Yaer or Datas:		If Y	as Decedant of Yes, specify Cul ☐ Yas 2 X No	ben, Maxican	gin? (Spec n, Puerto F	cify Yes or No- Rican, atc.)		Race - Amari Black, Whita pecify:	
9-0	2 ho	Se Se	15. Decedant's E	ducation	16a.	Decede	nt's Usual Occu	pation			16b. Kind	of Businass/Ir	
21215-0020	within 7 lene. than "n	Completed	(Specify only highest gr Elemantery/Sacondary (0-12)	Coilega (1-4or 5	+)		nd of work done DNOT usa retir Litres:		t of workin	ng	6		
	Mental Hygi Mental Hygi arked other atic event, i		17. Fathar's Name (First, Middla, Last)		wa	(ILLES)		r's Name	(First, Middle,	LOC Maidan Su	od ser	cvice
lan	id be ental	To Be	Eugene Lloyd	Dukes						Anne E			
Maryland	2 should and Men Is marks raumatic	1	19a. Informant's Name/Raiationship		19b	. Mailing	Address (Stree						
	od 2 :		Henny Anne Du	**			E. V						
e,	Hear tem		20a. Method of Disposition		20b. Plece of	Disposit	tion (Name of			-130.14		ion - City or T	
Baltimore,	permit. Pages 1 and 2 Department of Health of Important: If Item 27 It any Injury or other tra once.		1 ☑ Buriai 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci			•	tory or other plants. 11 Men			/26	Sali	sbury	,Md.
Ba	Depar Depar Impor any in		21. Signeture of Funeral Service Lice	Len	nis		Name end Addr Dennis			HOme,	.O. Snow	Box 8	37 ,Md.21863
			23a. Part1. Entar tha disaasa, or com shock, or haart failura. List only	plications that causad ona causa on each iin	the deeth. Do r	not antar	tha moda of dy	ing, such as	cardiac or	raspiratory arr	est,		Approximate Interval Between
	Physician /Medical Examiner		tmmediata Ceuse (Final disaasa or condition rasulting in deeth)	a. H J	V								Onsat and Death
		ner	,	,	Dua to (or as a	conseque	ance of):					ŧ	
	entificate be executed ling physician and se as the burial-transit	Examiner	Sequentially tist conditions, if any, leeding to Immadiate cause. Entar Undarlying	b	Dua to (or as e	consequa	ance of):						
68760,	sician burk		cause. Entar Undarlying Cause (Diseasa or Injury that Initiated evants	C	Vuo to (or oo o							i	
×	ding phy se as th	Medical	resulting In death) Last	d	Due to (or as a c	onsaqua	ince or):						- 1
8	atten for u	clan											
P.O.	requires that the death or seen signed by the attend hould be detached for us	Physiclan	Part II. Other significant conditions of	ontributing to death bu	t not rasulting ir	the und	lerlying causa g	ívan In Part I	•	23b. Dld to	V		to the cause of death?
	ignex bed	by									, /		
Records,	- LJ (7)	Completed								24a. Was a perfor		an Cr	Vara autopsy findings vailable prior to ompletion of cause f daath?
	The ate h	Comp								1 □ Y	as 2001		☐ Yas 2☐ No
Vita	ysicien: The scentificate director, pag	Be	25. Was casa refarred to medical axaminer?	Manufaction of the second					of Death	(Check only or	a)		
	Physicien: r this certific and director,	2	1 ☐ Yas 25 No	Hospitel: 1 Impatier			3LI DUA		1	na 5 🗆 Rasida			ify)
Ĕ	ding P. After Atter	0	27. Manner of Daath ` 1 Neturel 5 □ Panding	28a. Data of tnjun (Month, Day		Ima of njury	28c. tnji			8d. Dascribe h	ow injury o	ccurred	
Division of	Attending or death.	Certification:	2 ☐ Accident invastigatio 3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homlcida	e 28a. Piaca of Inju	ry - At homa, fa	rm, stree]Yas 2□				lum <i>ber or R</i> ui	ral Route Number,
۵	To the Hospital or Attend within 24 hours after deatl To the Funeral Director: completely filled in by the			building, etc.		4	55.074			City or Town			
	To the Hospital of within 24 hours at To the Funeral D completely filled I	edicai	29e. Cartifiar 1 Certifying Pr (Check only one) 2 Medical Exar	ysician: To the best of niner: On the besis of and manner stat	axaminetion end	, death o d/or inves	stigation, in my	opinion, deel	d place, er th occurre	d at tha time, d	ause(s) end ata end pla	d mennar as a	stated. to the cause(s)
	Vithi Vithi Comp	ž	29b. Signature end title of certifiar				29c. Lican	se number		2	9d. Date s	igned (Month,	, Day, Year)
			1 Carponed in	h			1	29/0	5		7/	22/9	6
		1	30. Nama and/address of parson who	complated cause of de	ath (Itam 23a) (Type, Pri	int)	-//0			1/0	-/-	
			Dr. Christian H	udd/retar) dG A	ni IF.	OVA STU	est S	alic	bur mo	1. 5	2/801	
	Sta	te	30. Nama and address of parson who Dv. Chvistion H 31. Data filed (Month, Day, Year)	32. Registra	rs Signatura	.0 00				-)		2	

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State of Maryland / Department of Health and Mental Hygiene 96 23557

						Certificate	e of	Death		Reg. No		20001
	Dhusia		1. Decedent'a Name (First, Middla, La	ist)					2. Date of D			3. Time to th
J	Physic /Medi		SHELTON	CHANDLE	R DENN	IS			JÜLY	18	1996	11:34
	Exami		4a. Facility Name (If not institution, given						or Location of Dec	th 4c.	County of Deat	
L			ATLANTIC GE					BERLI			WORCEST	
30	Funeral Director			Sex 7. Aga 7. Aga 70	(In yrs. last bi	rthday) If Under Yrs. Months	1 Yaar Days	Hours N	Hrs. 8. Date of E //Month, I 11 – 8	linth Day, Year) B-25	9. Bin BE	hplaca (Stata or Foreign RLIN
	a mo		10a. State 10b. County		10c. City, Tow	n or Location						10d. Inside City Limits
	the Mery 28a-f sh notified	Director	MD. WORCES	TER	BISHO	PVILLE 10f. Zip	Code			10a C#	izan of What Co	1 ☐ Yas 2 No
	seth with		P.O. BOX 661;	SELBYVILLE		1	997			U	ISA	
0000	within 72 hours effer deeth with the Meryland ene. than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at	t by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant E Armed Forcas? 1 ☐ Yas 2 ☒ No If Yes, Give Yaar or Datas:		If Yes, spec			(Specify Yas or It uarto Rican, atc.)	10-	14. Race - Ame Black, White Specify:	
5-0	n 72 hours "natural",	etec	15. Decedent'a E (Specify only highest gro	ducation ade complated)		. Decedent's Usua (Give kind of wor			working	16b. K	ind of Business/	Industry
2121		Completed	Elementary/Secondary (0-12)	College (1-4or 5-	LAE	life. DO NOT us BORER	e retire	d)		AUT	TO DEALE	IR .
Maryland 21215-0020	be filecatal Hygory of other	To Be C	17. Fether's Neme (First, Middle, Last JOHN DEN					18. Mother'a	Name (First, Midd MARY	PIT	Sumame)	
, Mary	7 In		19e. Informant's Name/Relationship (Type, Print)	198	ADDRESS	(Street	and Number o	Rural Route Num ABOVE	ber, City o	or Town, State, 2	Pip Code)
Baltimore,	2 2 2		20a. Method of Disposition 1 ☐ Burlal 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specia		cemate	of Disposition (Namery, crematory or of OHURI	ther pla		7-22		IN, MD.	
Balt	permit. Pege Department of Important: If eny Injury or once.		21. Signature of Funeral Sarvice Lice	3 Jallen	_	22. Name and			JOLLEY N	MEMOR	IAL CHAI	PEL,
	Physician /Medical Examiner	ner	23a. Part 1. Eigher the disease, or com shock, or haart failure. List only tmmediate Cause (Finel diseasa or condition rasulting in death)	a. 🗸	000	3		Zen	10	fan	cho	Approximata interval Between Onaat and Death
Box 68760,	certificate be executed adming physician end use es the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last	c. D	Due to (or as a due to (or a))))))))))))))))))))))))))))))))))))	consequenca of):	_					3-
P.O. B	that the deeth ce hed by the attendi deteched for use	Physician/	Part II. Other eignificant conditions of	ontributing to death but	not resulting I	n the underlying co	ause gi	/en in Part i.		d tobacco	_/	to the cause of death?
of Vital Records,	s been sign s should be	Completed by								is an auto formed?		Were autopay findings available prior to completion of cause of death?
<u> </u>	0 - 0	TO.							1 🗆	Yas 2	ENO !	1 ☐ Yas 2 ☐ No
ta	ysicien: The s certificate director, pag	Be (25. Was casa raferred to medical examinar?					26. Place of	Death (Check onl)	one)		
7	Physician: this certific ral director,	ဥ	1 ☐ Yes	Hospital: 1 Inpatian			H 1800	4 LI Nursin	g Homa 5□Ra	sidance	8 Othar (Spec	olfy)
Division	or Attending Peffer death. Director: After ti	Certification:	27. Mann cor Death Natural 5 Pending		Year) 28b.	Time of Injury	Bc. Inju Wo	y at Yes 2 □ No	28d. Dascrib			
Σ	To the Hospital or Attending within 24 hours effer death. To the Funerel Director: After completely filled in by the fune	Certifi	4 Homicide detarmined	28e. Place of Injurbuilding, etc.	ry - At home, fa (Specify)	arm fet, factory	, office			(Street ar own, State		iral Route Number,
	To the Hospital within 24 hours To the Funerel completely filled	edical	one)	perciant: To the legit of a niner: Os frio Knam of a and rounner state	mination an	e, deeth occurred end/or investigation,	in my o	me, dete end pl opinion, death o	ace, end due to th courred at the time	e cause(s) e, date and	end menner as d place, and due	atated. to the cause(a)
	Vit To To	Σ	29b. Signature and trie of dertifier	111	/			se number			te aigned (Monti	
		,	P /)/ //	10		4	120	441		1	-23-9	6
_		0	Joseph RAFP	etto Po	Ray W	1 CALL	bu	ey, m	21803			
	Sta Registr		31. Date filed (Month, Day, Year) \ \ JUL 23 1	32. Registrar	's Signature	rardall						

V 15

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	leatth and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	tificate has been signed by the attending phys	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic er

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, La					2. DATE OF DEATH			TIME OF DEATH	
	CALVIN	Russell D	RAKE			JULY 2		YEAR	3 A	м
	4. SOCIAL SECURITY NUMBER 577-12-1445	5. SEX 6. AGE	7	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Fore	ign
	9a. FACILITY NAME (If not institution, gi		11.7		R LOCATION OF DE	Dec 1, 19			nessee	
R.	Contract to the second				na Park	EAIN	9c. COUNT			
5	Severna Park G			TOWN OR LOCAT			Anne			
DIRECTOR		e Arundel		dena	ION				LIMITS?	
	10e. STREET AND NUMBER	C THURSE			ZIP CODE		10g. CITIZE		YES 2 N	0
FUNERAL	7904 Kings Ber	nch Place			21122		Unite	ed St	tates	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED		ENDENT OF HISPAI	NIC ORIGIN? (Specify Year, Puerto Ricen, atc.)	s or No- 1		- American Indian	,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	DATES	1 TES				Specify:	White	
	15. DECEDENT'S E		16a. DECEDENT'S US	SUAL OCCUPATION	IN .	16b. KIND OF BU	SINESS/INDU	STRY	WILLO	-
COMPLETED	(Specify only highest gi	rade completed) College (1-4 or 5+)	life. Do NOT use i			Constan				- 1
MPL	12		Union Ca	arpente	r	Constru	IGGION			
ဗ	17. FATHER'S NAME (First, Middle, Last) Frank Drake					ME (First, Middle, Maiden	_			
BE	19a. INFORMANT'S NAME (Type/Print)		105 MAILING AL	DODESS /Street o		e Pinchbac		Cardo)		-
2	Marquerite K. Di	rake				e, Pasader			nd 2112	2
	20a METHOD OF DISPOSITION	20	b. PLACE AND DATE OF	DISPOSITION (Na		1996 20c. LC				
	4 Donation 5 Other (Specify)	Ma	metery, crematory or othe cryland Ve	terans	Cemetery	Che	eltenh	am, 1	Marylan	d
	21. SIGNATURE OF FUNETAL SERVICE	AICENSES /				CILITLEE Fund				
	MATRIC	fach		Old A	lexandri	a Ferry Ro	d, Cli	nton	, Ma 207	35
	23. PART I. Enter the diseases, shock, or heart fellu	or complications that cause ire. Liet only one cause on e	d the death. Do not each line.	t enter the mo	de of dylng, suc	h as cardiac or resp	iralory arre	at,	Approximation Interval Bet	tween
l	IMMEDIATE CAUSE (Finel disease or condition	MEZA	CTATIO		1010	CARCIN	1000	1	Onset and	Death
	resulting in death)		A CONSEQUENCE OF):		011/6		, 0.0()	7	1 72	11
Z	Sequentially list conditions,	b								
ATIO	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):							
F	CAUSE (Disease or Injury that Initiated eventa	c. DUE TO (OR AS	A CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST	d								
	PART II. Other significant condi	tiona contributing to death (but not regulting in	the underlying	cause given in	Part I. 24a, WAS AF	AUTOPSY	24b W	ERE AUTOPSY FIN	DUNGS
CAL					, acces given in	PERFO	RMED?	A C	VAILABLE PRIOR TO OMPLETION OF CA	0
E E				/			2 1100		F DEATH?	
PHYSICIAN: MEDIC	DID TOBACCO USE COI	NTRIBUTE TO CAUSE O	OF DEATH YES	NO [UNCERTAI	N 🗆				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE DF DEATH	(Check only one)						
14S	1 VES 2 NO	1 □ Inputient 2 □ ER/Out 28a. DATE OF INJURY		Nursing Hom		8 Other (Specify) 28d. DESCRIBE HOW	IN HIRV OCCI	(DEC)		
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	RY WC	RK?	280. DESCRIBE NOW	INJUNY OCCU	PRED		
D BY	2 Accident Investigate 3 Suicide 6 Could not	26a, PLACE OF INJUR	Y — At home, larm, stre	eet, lectory, offic	•	281. LOCATION (Street City or Town, State		y Rural Rou	ite Number,	\neg
TE	4 Homicide detarmine	d				ony or rown, orang	,			
COMPLETED		HYSICIAN: To the best of my know	wledge, death occurred	at the time, data	and place, and due	to the cause(e) and ma	inner aa atatei	d.		
Ş Ö	one) 2 MEDICAL EXAM	MINER: On the basis of exemination	on and/or investigation,	In my opinion, d	eath occured at the	lime, data and place, a	nd due to the	cause(a) a	nd manner as sta	ried.
BE (296. SIGNATURE AND TITLE OF CERT	0 44			29c. LICENSE NU			_	fonth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DI	EATH (ITFM 27) (Since O	rint)	221	776	1	٢٦ ،	24 199	0
	SURYA MUN	UBRA MD	203 GA	T PAT	Apsen	AV. BA	TIN	nor	22122	5
	31. DATE FILED (Month, Day, Year)		Moune Rardall				1.			
	111 3 0 1	996 Julia da	uthan hardall							
	3020									

State of Maryland / Department of Health and Mental Hygiene 96

						Cei	rtificat	e of	Death		F	Reg. No.		
	Physic	ion	1. Decedent's Neme (First, Middle, L.	ast)			-				2. Dete of Dee		Year	3. Time of Death
	/Medi				Sammy	E11	ison				July	-	996°	1815
	Exami	ner	4e. Fecility Name (If not institution, gi 458 Tonys Road						E1kt	ton	ocation of Deeth	4c. Count Ceci	y of Death	
ı	Funeral Director		238-74-2910	Sex 7. Ag	e (in yrs. las 48	t birthday) Yrs.	If Under Months			24 Hrs. Min.	8. Dete of Birth (Month, De) May 18,	1948	9. Birthple Country Nort	ce (State or Foreign h Carolina
	e Maryland	ctor	Usual Residence of Decedent 10a. State 10b. County Maryland Cecil		10c. City, T		ocation						10	d. Inside City Limits 1 ☐ Yes 2 🖾 No
	th with th	Funeral Director	10e. Street end Numbar 458 Tonys Road				10f. Zip	Code 192	1			10g. Citizen of U.S.A		y?
020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. If Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Experiment must be notified at	by	11. Meritel Stetus 1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 X If Yes, Give Yeer or Detes:			Wes Dece If Yes, spe 1 Yes	cify Cub	en, Mexicar	n, Puerti	pecify Yes or No- o Rican, etc.)	Ble	ce - America ck, White, et 'y: Whit	tc.
21215-0020	ithin 72 h e. en *natu	Completed	15. Decedent's E (Specify only highest gr Elementery/Secondery (0-12)	ducation ede <i>completed)</i> Coilege (1-4ors		(Give	DO NOT u	rk done se retire	during mos	t of wor	king	16b. Kind of E Automo		uetry
7	hygien her th		12	4		Ма	inten	anc	1			Manufa		g
Maryland	uld be fi Vental H rked off	To Be	17. Father's Neme (First, Middle, Las Samuel S	v tillman El	lison				18. Mothe		ne <i>(First, Middle,</i> Nancy Mi			
	and 2 should saith and Men n 27 is marks er traumatic		19e. Informent's Neme/Reletionship Kelly E. Birl	(Type, Print)			-				ral Route Number ton, MD	r, City or Town	, Stete, Zip (Code)
Baltimore,	Pages 1 a ment of Hea ant: If item ury or othe		20e. Method of Disposition 1 🕱 Buriel 2 □ Cremetion 3 [4 □ Donetion 5 □ Other (Special Content of the Conte		cem	etery, crer	osition (Nem metory or o E Chr	ther ple	ce) Cemet	ery	7-24 1996	20c. Location Elkto	- City or Tow	
Balti	permit. Pages Department of Important: If it any injury or once.		21. Signature of Funerel Service Lice	nsee Q Ali	4.0						erals, Freet, El	P.A.		921-5521
	Physician	П	23a. Pert1. Enter the disease, or con shock, or heart failure. List only	plications that caused one cause on each li	the deeth. I								! 1	Approximete interval Between Onset and Deeth
	/Medical Examiner	Н	Immediate Cause (Final disease or condition resulting in death)	e. R.	Due to (or as	Co	erai-	non	9				S	1494 May, 1495
		Jer		204	Due to (or as	s a consec	quence of):	e 10.00		4.	· Om	0	0	May,
,00	ertificate be executed ling physician and e es the burial-transi	i Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	b. 4712	Due to (or as	e consec	quence of):	SYLE	u, o	one	. See	7	اذا	100 (41)
x 68760,		/Medical	that initiated events resulting in deeth) Last	d	Due to (or es	e conseq	uence of):							
Bo	atten affor u	clar	Ond II Other standilland and distance								1			
, P.	es that the death igned by the atter be detached for t	y Physician	Pert II. Other algnificant conditions	contributing to death b	ut not resultir	ig in the ui	nderlying d	ause gi	ven in Pert i		23b. Did t	_/		the cause of death?
Records, P.O	aw requires as been sign 2 should be	Completed by									24e. Wes a	an autopsy med?	com	e autopsy findings lable prior to pletion of cause seth?
	The ate h	Com									10 Y	es 2 No	10	Yes 2□ No
or Vital	ysician: This certificate director, pag	Be	25. Wes case referred to medical axaminer?	11						of Dee	th (Check only o	ne)		
0	Physic this c	To .	1 Yes 2 No 27. Menner of Death	Hospitel: 1 Inpatie		/Outpatien		JA		irsing H	ome 5 Resid			
Č.	or Attending Physician: after death. Director: After this certific In by the funeral director,	Certification:	1 Naturel 5 ☐ Pending investigation		y Year)	b. Time of injury	м	8c. Inju Wo 1 □	rk? Yes 2 🗆	No	28d. Describe h	ow injury occu	rred	
Š	s after d	Certifi	3 Suicide 6 Could not be determined	28e. Pieca of Inj building, et	ury - At home c. (Specify)	, ferm, str	eet, fector	y, office			28f. Location (S City or Tow		ber or Rural	Route Number,
	To the Hospital or Atlandi within 24 hours after death To the Funerel Director: A completely filled in by the fi	edicai (29e. Certifier 12 Certifying Pr (Check only one) 2 Medicat Exam	nyalcian: To the best of miner: On the basis of end manner ste	examinetion	dge, deeth end/or inv	occurred vestigetion	et the ti	me, dete en opinion, dee	d plece	, end due to the c rred et the time, o	euse(s) end m dete end piace,	anner as eta end due to t	ted. he cause(s)
	To the Tour Tour Tour Tour Tour Tour Tour Tour	×	29b. Signeture end title of certifier				290	. Licen	se number		4	29d. Date signe	ed (Month, D	ey, Year)
	10			mi Ha	n 1	1)		0 4	182	3		7/2:	3/96	
	12		30. Name and address of person who Jui-Chih Hsu, M.					-	E1kto:	n, M	D 2192			
	Sta Registr		31. Dete flied (Month, Dey, Yeer) JUL 24 1996	32. Registre	er's Signeture									

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Ivialy		ertificate of		, 0	eg. No.	96	23560
			1. Decedent's Neme (First, Middle, Last)					2. Dete of Deet	th	v. iii	3. Time of Deeth
	Physici /Media		Nannie Beatrice			Fice	25	July	22 1	996	1429
	Examir		4e. Facility Neme (If not institution, give s				4b. City, Town, or L		4c. County	of Deeth	
L			PENINSULA REGIONA			M Hadar 1 Vaca	SALISI If Under 24 Hrs.			COMIC	
	Funeral Director		5. Sociel Security Number 213-14-7725 Usuel Residence of Decedent	M 2 F	76 Yrs	Months Days	Hours Min.	8. Dete of Birth (Month, Dey, 07 19			ece (State or Foreign try) WS Co., VA
	hend wo		10e. Stete 10b. County	10c.	City, Town or	r Location				10	Od. Inside City Limits
	Men	tor	Maryland Wicomico		Salisbu	ry					1 Ves 2 □ No
	or 284	Director	10e. Street end Number			10f. Zip Code		1	0g. Citizen of V	Vhet Coun	try?
	23a	rai	208 Cherry Way			21804	4		U.S.A.		
Maryland 21215-0020	permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28=4 show any injury or other traumatic event, the Modical Example must be notified at ance.	by Funeral	11. Meritel Status 1 Never Memied 2 Married 3 Widowed 4 Divorced	2. Wes Decedent Ever in Armed Forces? 1 ☐ Yes 22 No If Yes, Give Yeer or Detes:	n U,S.	3. Wes Decedent of H If Yes, specify Cube 1 ☐ Yes 2 ☑ No	dispanto Origin? (Spen, Mexican, Puerto Specify:	pecify Yes or No- Pican, etc.)		e - America ck, White, o	etc.
2-0	72 ho	eted	15. Decedent's Educ (Specify only highest grade	ation completed)	18e. De	ecedent's Usuai Occup	etion	ring	16b. Kind of Bu	siness/ind	lustry
2	ithin nen	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)	life	e. DO NOT use retired	d)	ung .			
N D	hygier ther th		7 17. Fether's Neme (First, Middle, Last)			House Wife	18. Mother's Nem	a /Final Middle 8	None	-1	
ano	d be f	Be C	Floyd Sadler				Adel Th		naiden Sumen.	16)	
37	shoul mark metic	To	19e. Informent's Neme/Reletionship (Type	oe, Print)	19b. M	eiling Address (Street			. City or Town.	Stete. Zio	Code)
	alth er 27 is		Barry Lee Figgs	,		8 Cherry Way,				01010,	
ore,	of He item		20e. Method of Disposition	20	b. Plece of Di	sposition (Name of cremetory or other ple	ce)	Dete	20c. Location -	City or To	wn, Stete
E	Pege nent any or		1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ro 4 ☐ Donetion 5 ☐ Other (Specify)	autovat irotti 2fara		hens Cemetery	1	7/26/96	Delmar, I	Del <i>a</i> wan	re
Baltimore,	Departri Departri Imports any Inju		21. Signeture of Funeral Servica License	0		22. Neme end Addre	ss of Fecility Ho	olloway Fur	neral Hon	ne	
8.0	20529		WIK Nall	en V	7	501 Snow F	Hill Road, S	Salisbury,	MD 2180)4	
) 	Physician /Medical Examiner	er	23a. Pert1. Enter the diseese, or complic shock, or heert feilure. List only on timediete Cause (Finel diseese or condition resulting in deeth)								Approximete Intervel Between Onset end Deeth 25 M/N
. Box 68760,	leath certificete be executed ettending physician and I for use as the burial-transit	an/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	AS	o (or es a con	sequence or):	YO CABP	1/4-6	1 NEFT	2	as Alth
B	deat he eth	Physician/M	Pert II. Other eignificant conditions conf	ributing to death but not	resulting in th	e underlylng cause giv	ven in Pert I.	23b. Did to	bacco uee co	ntribute to	the cause of death?
s, P.O.	res thet the designed by the e	by Phy	LONGES	TIFE	HEI	BT F	-AILUR,	F 10 Y	●● 2□No	3 Prob	ably Allnknown
Records,	s been s 2 should	Completed	ATRIAZ	FIBI	3/24/	9770n		24e. Wes a perform		cor	re eutopsy findings illable prior to inpletion of cause deeth?
		Con						1 🗆 Ye	s 200No	10	Yes 2 No
Vita	ysician: The	Be	25. Wes case referred to medical exeminer?				111	th (Check only on	e)		
0	Physic this o	2	1 Yes 2 No	ospitel:			4 LI Nursing Ho	ome 5 Reside)
	oling Phy th. After this	tion	1 Neturel 5 ☐ Pending	28a. Dete of Injury (Month, Dey Year	28b. Time Injur	y Wor	yet k? Yes 2 □ No	28d. Describe ho	ow injury occur	red	
DIVISION	dee ctor: y the	Certification:	£ Accident Investigation 3 Sulcide 6 Could not be 4 Homloide determined	28e. Pleca of Injury - A building, etc. (Spe	At home, ferm,		100 2 2 100	28f. Location (St City or Town	reet and Numb n, Stete)	er or Rura	Route Number,
	ours a vurs a vurs a sral D		One Contilling and the state of								
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edicai	(Check only 2 Medical Examin	cian: To the best of my left: On the besis of examend manner steted.	knowledge, de ilnetion end/or	eeth occurred et the tir r investigetion, in my o	me, dete end plece, pinion, deeth occur	red et the time, da	ause(s) end ma ate end plece,	inner as st and due to	ated. the cause(s)
	To To To To To To To To To To To To To T	Σ	29b. Signeture end title of certifier	/ /		29c. Licens	e number	2	9d. Dete signe		
			IN & CAM	misse		12	0912		チーク	12-	76
	3		30. Name and address of person who cor Denius Chadnick	i Onice	. a L	oe, Print)	Salisbu	ry, Md,	21801		
	Sta Registr	-1	31. Dete filed (Month, Dey, Yeer) 251996	32. Redistrer's S	Redal	8		11			

The season to the season of th

State of Maryland / Department of Health and Mental Hygiene 96 2356 |

					Cen	tificate of	Death		Reg. No.		
Physic /Medi		1. Decedant's Nama (First, Middla, I	URST)	VAU				2. Data of D Month		Year 96	3. Tima of Death
Exami		4a. Facility Nama (If not institution, g	riva straat and nur	nber)			4b. City, Town,	or Location of Das	th 4c. Count	y of Death	
		University o	f Marv	land H	ospita	al	Baltim	ore	Bal	timo	re
Funeral Director				7. Aga (In yrs. 34	last birthday)	If Under 1 Year Months Days		in. 8. Data of B	inth Pay, Year)		olaca (Stata or Foreigntry) aster, P
p .		Usual Rasidance of Dacedant									
Marylan a-f show	Director	10a. Stata 10b. County PA Che	ster		y,TownorLoc Nottir					1	0d. Inside City Limits 1 ☐ Yas 2 🛂 No
r 28	ire	10e. Street and Numbar				10f. Zip Coda			10g. Citizan of	What Cour	ntry?
3a 0	100	17 Dusk Dri	Ve			193	362		USA		
Juithin 72 hours after deeth with the Maryland piene. Than "natural", or items 23s or 28s-f show the Modical Examiner must be notified at	by Funeral	11. Marital Status 1 Nevar Marriad 2 Marriad 3 Widowed 4 Divorced	12. Was Dece Armed Fo	2 ∕ € No a			Hispanic Origin? ban, Maxicen, Pu	(Specify Yas or N arto Ricen, atc.)		ce - Amaric ack, Whita,	atc.
2 ho	Completed	15. Decedant's	Educetion		18a. Deceda	ant's Usual Occu	pation		16b. Kind of E	3usinass/in	dustry
/ un u	pie	(Specify only highast g Elamantary/Secondary (0-12)		Aor E .\	(Giva k	ind of work done O NOT usa ratin	pation a during most of a ed)	vorking			
the iene	E	10	Coliaga (1	-401 5+)	Ti	cuck Dr	river		Trans	port	ation
ntal Hyg d other	Be	17. Fathar's Nama (First, Middla, La	,					lama (First, Middl		ma)	
Merke	2	Walter		au, Sr			Ver		lmer		
12 E		19a. Informant's Name/Ralationship Connie Furs			1 - 1			Rural Routa Num ttingha			
		20a. Mathod of Disposition 1 Buriai 2 Cramation 3 4 Donation 5 Othar (Spec		State	tingham	Miss.	Baptist	Data 7-27-96	20c. Location	•	
Y permit. Peges Y Department of Nimportant: If I any Injury or once.		21. Signature of Funaral Sarvice Lic	lline		Ed 86	Pine S	Collina t. Oxfo	Funeral	9363	Inc.	
Physician /Medical Examiner	J.	23a. Part1. Enter the disease, or co shock, or heart failure. List on Immediate Causa (Finai disease or condition resulting in death)	ly ona causa on a	ach lina. VINGO-		PHALITI		nac of Taspiratory	arrast,		Approximata Intarvai Batween Onsat and Death
leath certificate be executed effecting physician and for use es the burlat-transit	an/Medical Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants rasulting in death) Last	c. STE	Due to (o	or as a consequent as a consequent	PANSPL ance of):					
that the ed by the deteched	by Physician	Part II. Other significant conditions BACTEREMIA		ath but not ras	uiting In tha un	darlying ceusa g	ivan in Part I.				the cause of death bably 4 Unknow
le law requires la has been sign ge 2 should be	Completed b	FLEUS				***		per	s an autopsy formed?	av co of	ara autopsy findings ailabla prior to mpiation of causa daath?
icate he								118	Yas 2□No	10	Yas 201-No
this certifical ral director, p	Be	25. Was cesa rafarrad to medical axaminar?	Hoopital			10		Death (Check only	ona)		
this or	2	1 ☐ Yas 2 ☑ No			ER/Outpatient	3LI DOA		Homa 5 ☐ Ras			(y)
	ation:	27. Mannar of Death 1 Natural 5 Panding 2 Accidant invastigati		of Injury h, Day Year)	28b. Tima of Injury		uryat ork?]Yas 2∐No	28d. Dascribe	how injury occu	rred	
4 - 6 5	Certification:	3 ☐ Suicida 6 ☐ Could not 4 ☐ Homicida datarmina	d Zoa. Place	of Injury - At he		at, factory, office)		(Street and Num own, Stata)	ber or Rura	al Routa Number,
ne Hospital or n 24 hours efte ne Funeral Dir pletely filled in	edicai C	29a. Cartifiar (Check only one)	Physician: To the aminar: On the be and mann	sis of axamina	wladga, daath tion and/or Inva	occurred at tha t astigation, In my	ima, data and pie opinion, daath o	ice, and dua to the courred at tha time	a causa(s) and m , data and place	annar as s	tated. o the causa(s)

12

30. Nama and addrass of person who completed ceuse of death (Itam 23a) (Type, Print)

MICHELE FOY, MD UNIV. MARYLAND

D48135

29c. Licansa number

29d. Data signad (Month, Day, Yaar)

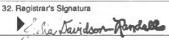
07-22-96

UNIV. MARYLAND CANCER CENTER

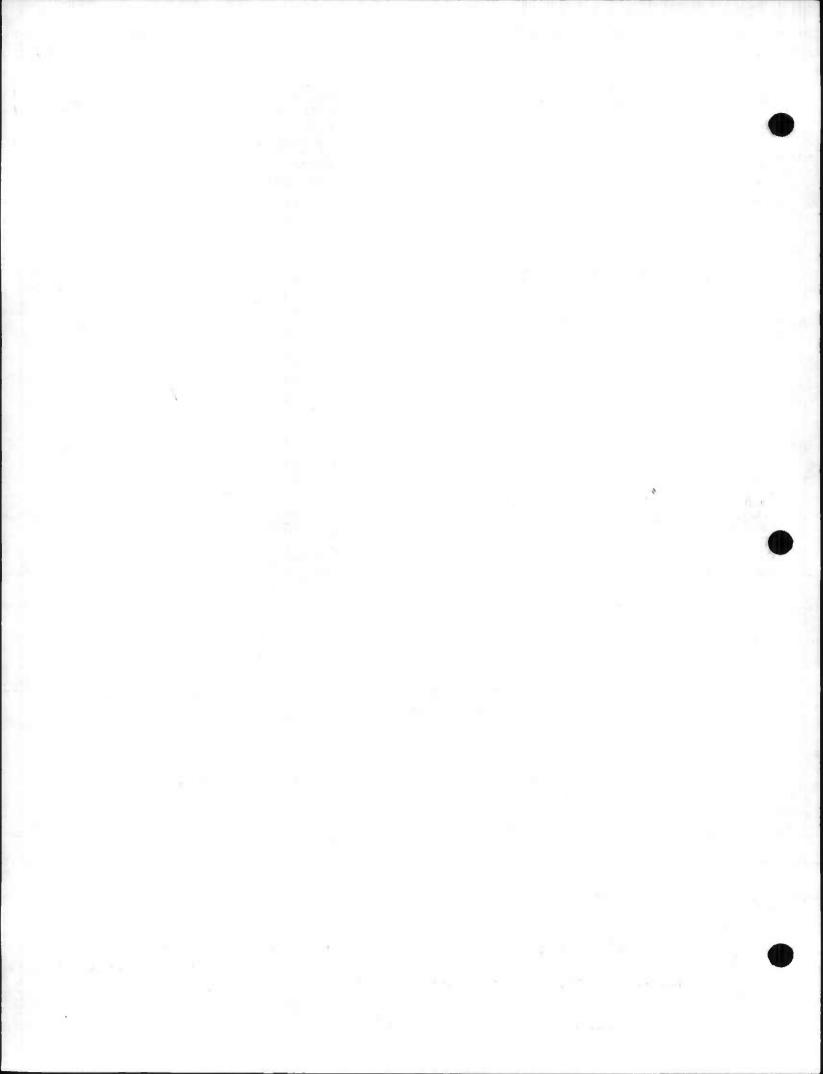
22 S. GREENE ST BALTIMORE, MD 21201

State Registrar 29b. Signatura and titia of certifiar

31. Data filad (Month, Day, Year)



DHMH 16 Rev 6/95



					State of M	laryland		artmen rtificat				ental Hy	giene :	16 2	3562
	Physic /Medi		1. Decedent's Name GREGORY J	oseph	FITZGERAL							2. Dete of De Month JULY		Vear	:33 PM
	Exami	ner	MALCOLM G	ROW MEDI	cal CENTE	R A	AFB			CAMP	SPRI	NGS		of Death E GEORG	GES
	Funeral Director		5. Sociel Security N 715-03-49 Usuel Residence of	10	Sex 7. A	ga (In yrs. Ia 78	rst birthdey) Yrs.	If Undar Months	1 Yaar Deys	If Under Hours	24 Hrs. Min.	6. Date of Bir (Month, De IARCH]	th Py, Year) 12, 1918	9. Birthpleca Country) Maryla	(Steta or Foreign
	Maryland a-f ahow offed at	ctor	10a. Stete	10b. County PRINCE G	EORGES		Town or Lo)						Inside City Limits
	th with the 23e or 28	Funeral Director	10e. Street and Nun 12225 WES					10f. Zip		20772			10g. Citizen of USA	Whet Country?	
020	permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show any fajury or other traumatic event, tra Medical Evanine: must be notified at once.	by	11. Merital Status 1 Nevar Marris 3 Widowed		12. Wes Decedent Armed Forças' 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No 194	12-	Was Deced If Yas, spec		ispanic Ori an, Mexicar Specify:		cify Yas or No Rican, atc.)		ca - American I ck, White, etc.	ndlan,
21215-0020	thin 72 h B. In "natu Medical	Completed	(Speci	15. Decedent's Enify only highest grandary (0-12)		5+)	16a. Dece (Give life.	dent's Usue kind of wo DO NOT us	el Occup rk done d se retired	etion du <i>ring</i> mos i)	t of working	g	16b. Kind of B	usiness/Indust	y
nd 21	al Hygien other the	Be Con	12th 17. Father's Neme (First, Middla, Last	4		Intel	ligen.	ce C			(First, Middle	U.S. A		e
Maryland	should to ad Ment marked	To	John 19e. Informant's Ne	Fitzger			19b. Malil	ng Address	(Street		ather		Huc er, City or Town	ghes	(a)
e, Ma	end 2 :		Janet T	. Fitzge			1222	5 Wes	tvie		ive U	pper M	arlboro	, Md 20	772
Baltimore,	Peges 1 tment of H tant: If iten jury or ott				Removel from State (y)	Cel	nce of Disponder, creating to	m <i>etory o</i> r o n Nat.	thar plac iona	l Cen	n. 19		20c. Location	on Vir	
Bal	Departiment Important Income		21. Signeture of Fur	nerel Service Licer	lle.		6	2. Name an 633 O	d Addra	ss of Fecilit Lexar	v Le ndria	e Fune: Ferry	ral Home RD Clir	e, Inc. nton, M	d 20735
	Physician /Medical Examiner		23a. Pert1. Enter ff shock, or held Immedlete Cause (I diseese or condition resulting In deeth)	Final	plications that cause one ceusa on each i					g, such as	cardiac or	respiratory a	rrest,	Inte	proximete erval Between set and Deeth
	D #	iner	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	_	MYELODY		es a consec		ME					+	
68760,	requires that the deeth certificate be executed een signed by the attending physician and hould be detached for use as the burtal-transit	ledical Examiner	Sequentially list cor if any, leeding to Im- cause. Enter Under Cause (Diseese or I that initieted events resulting in death) L		c. ANEMIA		es a consec				٠				
Box	eeth certific attending p I for use as	lan/N			d										
P.O.	es that the de igned by the a be detached t	y Physician/Me	2 - 20 -		ontributing to death b					en in Pert I	. 15 11				cause of death? y 47 Unknown
Records,	as ¥ 2 s 5	Completed by				·						24a. Was	an eutopsy ormed?	availab	utopay findings le prior to ition of cause h?
Vital	T elle	Be Col	25. Wes case referre	ed to medical						26 Place	of Death	(Check only of	Yes 2X No	1 🗆 Ye	s 20 No
ot <		ToE	examiner? 1 ☐ Yes 2]X) I	No	Hospitel: 1 Inpati		R/Outpetler	nt 3□ DO	Oth-	or:			dence 6 □Oth	ar (Specify)	
	Afte Fund	Certification:	27. Menner of Deeth 1 Netural 2 Accident	5 Pending Investigation		ay Year)	28b. Time o Injury	f M 2	8c. Injun Worl	/ et k? Yes 2 □		8d. Describe	how Injury occur	red	
N N	를 축 를 중		3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	266. Piece of in	jury - At hom tc. <i>(Specify)</i>	ne, ferm, str	eet, factory	, office		2	Bf. Location (City or To	Street end Numl wn, State)	per or Rural Ro	ute Number,
	5 4 P 5 5	ledical	(Check only one)	2⊡ Medical Exam	ysician: To the best niner: On the besis o end menner st	of exeminetic	ledge, deeth on end/or in	n occurred a vestigation,	at the tim In my o	ne, dete en pinion, dee	d plece, a th occurre	nd due to the d at tha time,	cause(s) end ma dete end piece,	anner as stated end due to the	i. cause(s)
	To the within 2 To the comple	M	29b. Signetura and	elle of certific	rul.	200		290	553	number			JULY 27		Yaer)
			30. Neme end eddre CHARLES R		completed cause of c					. PER					

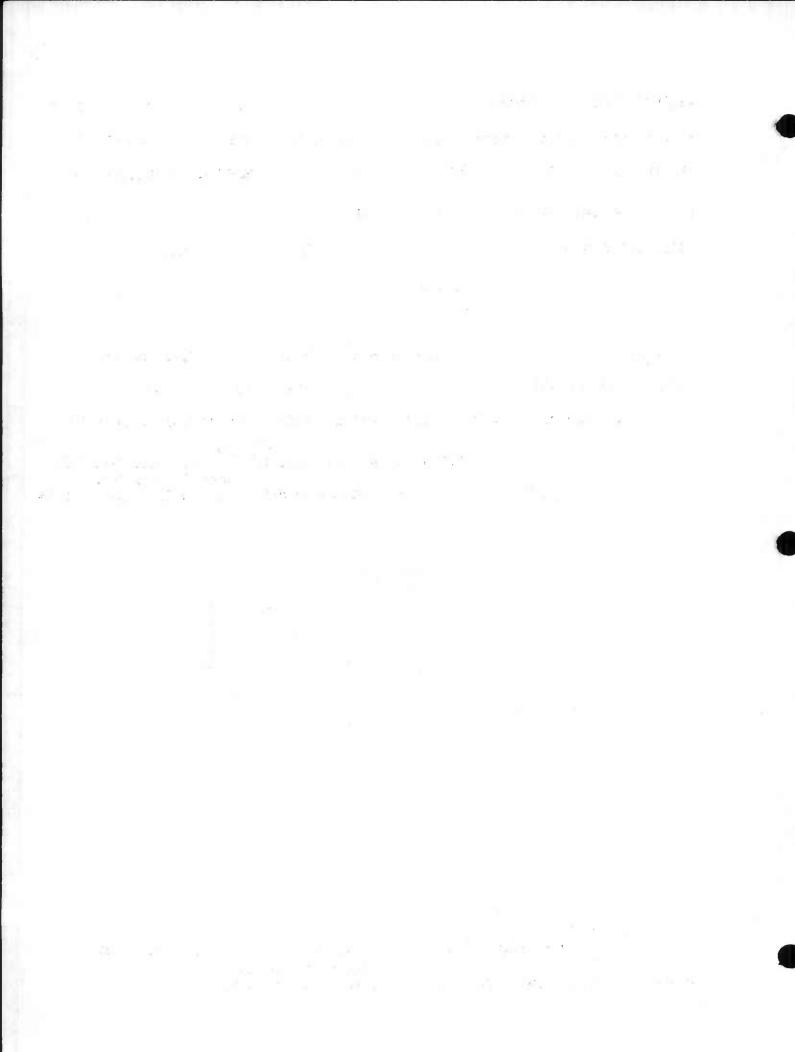
32. Registrer's Signeture

Registrar

State

31. Dete filed (Month, Dey, Year)

DHMH 16 Rev 6/95



Amended Items #14 and #18, 7/26/96, bam, Cecil County Please Type or Print in Black indelible ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Deeth **Physician** Month 1253 Herbert W. Ju (y 4b. City, Town, or Location of Deeth 1996 Givens 24 /Medical 4e. Fecility Nema (If not institution, give streat end number) 4c. County of Deeth **Examiner** Union Hospital E1kton Cecil If Under 1 Year If Undar 24 Hrs. 8. Dete of Birth
Montha Daya Houra Min. (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplaca (Stata or Foreign Country) **Funeral** Daya 1☑M 2□F Yrs. Director 214-36-7671 01-14-1941 Elkton, MD Usual Rasidance of Decedant 10a. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Ves 2 No Director MD Cecil Elkton 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 8 event, the Medical Examiner must be Herns 23a 216 East High Street 21921 USA Funeral 12. Wes Decedent Evar in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Rece - Amarican Indian, 11. Maritel Stetus Bleck, Whita, atc 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yas, Giva Year or Detes: Black b 1 ☐ Yes 2 ☐ No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced Black Completed 16e. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Induatry Elementary/Secondary (0-12) Collaga (1-4or 5+) 12th Laborer Kershaw Construction permit. Pages 1 and 2 should be file Department of Health and Mental Hy fingoritant: If them 27 is marked other any injury or other traumatic avens. 17. Fathar's Nama (First, Middle, Last) 18. Mothar'a Nama (First, Middla, Maiden Sumama) Be George W. Givens Besdsie Bessie Wilson 19a. Informant'a Name/Ralationship (Type, Print) 19b. Meiling Addresa (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 28 Thyme Street Elkton, MD 21921 Bernice Givens 20b. Place of Disposition (Nama of cematary, cramatory or othar place) 20a. Method of Disposition 20c. Location - City or Town, State 11 Burial 2 Cramation 3 Ramoval from Stata
4 Donation 5 Other (Specify) 7/30/96 Chesapeake City, MD Bohemia Manor Cemetery 21. Signature of Funeral Service Licensee 22. Nama and Addrasa of Facility CONGO FUNERAL HOME P.O.Box 2593 a daath. Do not entar tha mode of dying, such as cardiac or raspiratory errest, Approximate Interval Between Onset and Deeth Ph sician Immediata Ceuse (Final disease or condition rasulting in daath) /Medical myocard untcer Examiner Dua to (or aa a consequarice of Oel muchol bunal-transit Sequentially list conditions, if any, laading to immadiata cause. Enter Undarlying Ceuse (Disaase or Injury that initieted events resulting in death) Last Dua to (or aa e consequance of) melese Physician/Medical Dua to (or as a consequance of) au sufficeur 23b. Didtybecco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wera autopsy findings avellable prior to completion of causa of death? 24a. Was an autopsy performed? Completed 22 No 1 Tes 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; g Be 26. Place of Death (Check only ona)

and attending physician for use as the buna signed by t

Maryland 21215-0020

Baltimore,

411

Box 68760.

P.O.

Records,

Division of Vital

25. Was casa referred to medical axaminer? 1 Yas 2 No	Hospital: 1 Inpatient 2 ER/Outpatient	3 🗆 0
27. Mannar of Death 1 Natural 5 Panding invastigation	28a. Data of Injury (Month, Dey Year) 28b. Tima of Injury	М

Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 28c. Injury at Work? 1 ☐ Yas 2 ☐ No

28d. Dascribe how injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29e. Certifier

3 Sulcida

4 Homicide

Descripting Physician: To the best of my knowladge, daath occurred at the time, dete end piece, end dua to the causa(a) and mannar as steted.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, daath occurred at the time, data and piace, and dua to the cause(a) and mannar stated.

29b. Signetura and titla of certifier

29c. Licensa number

29d. Dete signed (Month, Day, Year)

hi chim Ithen MD

6 Could not be detarmined

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

Dr. Jui Hsu 31. Data filed (Month, Day, Year) State Registrar JUL 26 1996

2

Medical Certification:

223 West Main Street Elkton, Md 21921 32. Ragistrar's Signatura

Lulia Vavidson

Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify)

DHMH 16 Bay 6/95

10 Ve 0 V

director, page 5 should be detached for use as the burial-transit

notified at

g

must

examiner

shows any injury. MEDICAL

PHYSICIAN:

BY

COMPLETED

8

2

CAUSE (Disease or Injury

that initiated events resulting in desth) LAST

EXAMINER?

27. MANNER OF DEATH

Accident

Natural

3 Suicide

4 Nomicide

1 YES 2 NO

Investigation

6 Could not be

should

permit. Pages 1, 2, 3

death.	e funera		examir
hours after	ed in by the	or remova	medical
47	y fille	TION,	the
1 within	mpletel	crema	event,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera	be lifed within 72 hours after death with the State Dept. of Hearth and Merital Hyglene prior to Durial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examination
h certificate	suding phys	Hygiene pr	or other t
the deat	the atte	меща	Injury,
s that	ned by	arm and	any
require	peen sig	Of He	shows
WE GW	has t	Dept	23
N: The	hcate	State	Hem
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E E	6	ATTE	28
0R /	DIRE	nours	item
ITAL	\$ 1	7	32
IE HOSP	IE FUNE	MUTUM D	RTANT
5	2	De	IMPC

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN Charles Harold GRIMM July 28,1996 5:30A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Country) DAYS House 1 X M 2 - F 214-30-2079 Maryland 64 YRS. May 100, 1932 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATN 20216 Mill Point Rd. Boonsboro Washington DIRECTOR RESIDENCE OF DECEDENT 106. COUNTY Washington Maryland 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Boonsboro 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20216 Mill Point Rd. U. S. A. 21713 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, atc. FORCES? XI YES 2 NO IF YES, GIVE WAR OR DATES 1953-1955 1 Never Married 2 Married
3 Wildowed 4 Divorced yes, specify Cuban, Maxican, Puarto Rican, etc.) BY 1 TYES 2 NO Specify. Specify: White ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL Sheet Metal Worker 8 Metal Door Mfg. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) C. Nelson Grimm Mary Elizabeth Leatherman BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mill Point Rd., Boonsboro, Md. Anna Mae Keedy Grimm/ Wife 20216 20s. METHOD OF DISPOSITION

X Suriel 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Pleasant View Cemetery **7**⊢30−96 Rohrersville, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY had 7606)ld National Pike John H. Bast, Jr. BAST FUNERAL HOME, Boonsboro. 21713 23. PART Senior the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximats shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disesse or condition Myelogenous Leukemia resulting in desth) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING

ART	H.	Other	algnificent	conditione	contributing to	death bu	t not	resulting	In the	underlying	ceuse	given in I	Part
-													

OUE TO (OR AS A CONSEQUENCE OF).

24a. WAS AN AUTOPSY PERFORMED?

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL

26. PLACE OF DEATN (Check only HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Realdence 6 - Other (Specify)

28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK?

1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

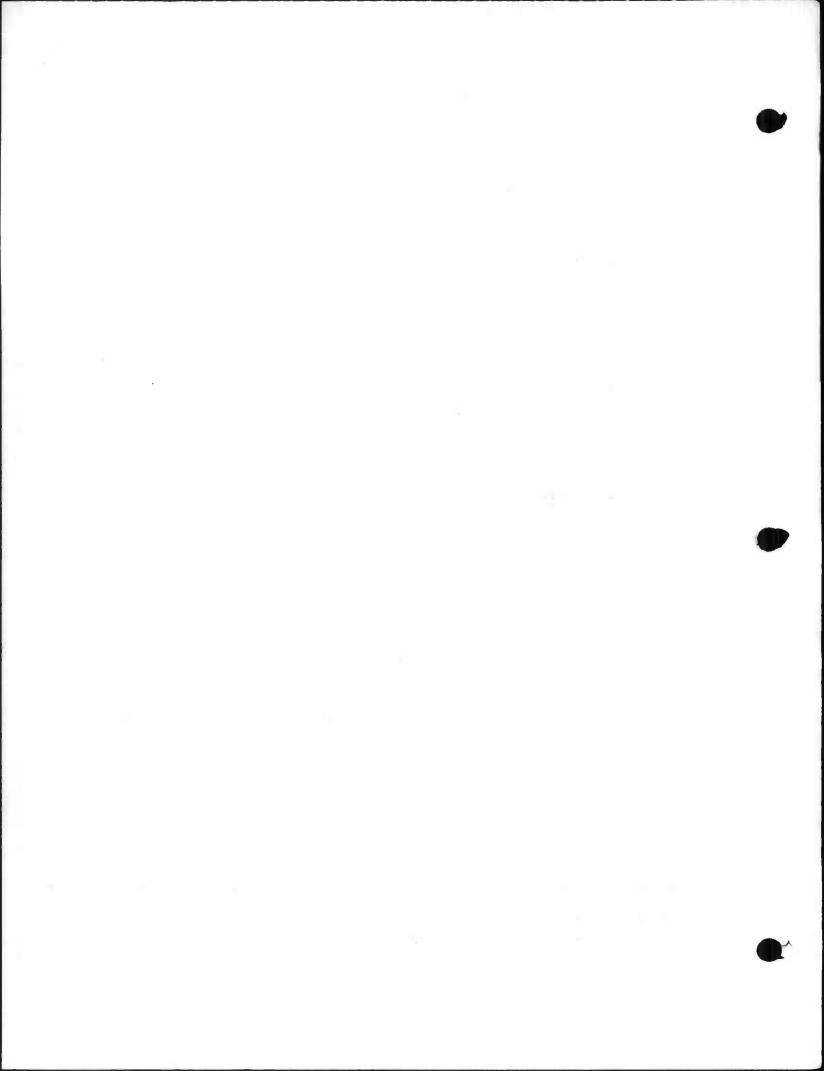
28d. DESCRIBE NOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29d, DATE SIGNED (Month, Day, Year)

MU. luman I 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print

GEORG 31, DATE FILED (Month 7



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Decedant's Neme (First, Middla, La	st)		Certificate of	Death	2. Deta of Dec			3. Time of Death		
	Physici		Daisy Ellen Louis	se GUESSFO	RD			Month July	29, 199	Yeer	4:35 a.m.		
)	Medio/ Examir		4a. Facility Neme (If not institution, giv	a street and number)			4b. City, Town, or L				4.JJ d.m.		
	LAGIIII	ici	Colton Villa Nur	sing Home			Hagers	town		shing	ton		
	uneral rector		213-14-2020	ax 7. Ag □M 2 X F	94	birthday) If Undar 1 Yaa Months Deys		8. Data of Birth 9. Birthplece (State of					
Pu	3	Usual Rasidance of Decedant 10a. Stete 10b. County 10c. City, Town or Location											
he Meryle	Sa-f sho coffied at	Director	Maryland Washi	ngton	100. Ony, 1	Hagerstown	1				Od. fnsida City Limits 1 ▼ Yas 2 □ No		
ath with t	23a or 2 well be n	rai Dir	10e. Street and Number 11 S. Walnut St			10f, Zip Code	21740		10g. Citizen of V				
Z1Z1S-0UZ0 4 within 72 hours after death with the Meryland itene.	"naturel", or items 23s or 28s-f show odical Examiner must be notified at	by Funeral	11. Meritel Stetus 1 ☐ Navar Marrled 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Was Decedant Armed Forces? 1 ☐ Yas 2 ☑ If Yes, Give Yaer or Datas:		13. Wes Decedant of If Yes, specify Cul		pecify Yas or No- p Rican, etc.)	14. Rec Bia	ce - Amaric ck, White, y:			
	fical	Completed	15. Decedent's Ec (Specify only highast gra	lucation de completed)	1	6a. Decedent's Usuei Occ. (Give kind of work done life. DO NOT use retin	upation	kina	18b. Kind of B	ustnass/Inc			
d 21215- filed within 72 Hygiane.	Me	npie	Elemantery/Secondery (0-12)	College (1-4or 5	5+)			(iii)					
2 9	other th	Co	17. Father's Neme (First, Middle, Last)	0		homema				r own			
⊆ 8 <u>0</u>	0.2	Be	Frederick M. Hu:				18. Mothar's Nem	la (rirst, Middle,					
> 3≥	65 60	19	19e. Informant'e Neme/Rejetionship (Type, Print)	1	19b. Meiling Address (Stree	1				Code)		
E 2 5	7.5		Marion Vance			11 S. Walnut							
Saltimore, semit. Pages 1 as Department of Hee	Important: if Item 2 any Injury or other once.		20e. Method of Disposition 1 ☑ Buriai 2 ☐ Cramation 3 ☐		ceme	of Disposition (Neme of atary, cremetory or other plans).		Dete	20c. Location		wn, Stete Maryland		
altili nit. P artme	ortan Injur		4 ☐ Donetion 5 ☐ Other (Specification 21. Signeture of Funerei Service Licen		Date	22. Nama and Addr		70	DELLUIS	burg,	rialyland		
ž ž	any le		50084	MA	10101	100 0	UNERAL HO		363	017	4.0		
	2		23a. Pañ1. Entar the disaesa, or comp shock, or haart feilure. List only	olications that caused ona cause on each li	I tha deeth. I	Oo not antar tha mode of dy	son Blvd.	or respiretory an	rest,	. 21/	Approximate Interval Between Onset and Deeth		
	sician edical		Immediata Causa (Final diseese or condition	ATHE	2000	EROTICO	AFRICALIA	CA WAR	DICE	CE	54 Errs		
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G&/ DU,	siclan buris	ai	Sequentielly list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events	. PNEU						i	IWEBK.		
ilicete	a phy	edicai	resulting in deeth) Last			e consequence of):	TINO-	-		!			
oth cert	endin use	N/UE		O. INJUL	10 1	DEPENDEN) I DIHIBE	2755					
requires that the deeth cer	ed for	Physician/	Pert II. Other significant conditions of	ontributing to death b	ut not resultin	g in the underlying cause g	iven in Pert I.	23b. Did t	obacco uee co	ntribute to	the cause of death?		
r se f	d by th	Phy		none				101	ree 2□ No	3 Prot	bebly Lunknown		
es th	be d	þ		riorce									
ecords ew requires	2 should	Completed						24e. Was a	an autopsy med?	COI	are autopsy findings eilebla prior to mpletion of cause death?		
The lew	ata he page	Com						1 U Y	es 2 No	10	Yes 20 No		
cian: T	ertific actor,	Be	25. Wes case referred to medical exeminer?				26. Plece of Dee	th (Check only or	ne)				
2 4	this c	2	1 ☐ Yes 2 Ø No	Hospitei: 1 ☐ Inpatie		Outpatient 3 DOA		ome 5 Resid			1)		
nding P	r: After le funer	ation:	27. Menner of Deeth 1 Netural 5 Pending 2 Accident invastigation	28e. Dete of Inju (Month, De)	y Year) 28	b. Time of injury 28c. Injury W	ury et ork? N/A	28d. Describe h	ow Injury occur	red			
l or Attending Phy efter death.	Directo J in by th	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Plece of fnj building, etc	ury - At home c. (Specify)	, ferm, street, fectory, office	•	City or Tow	Street end Numb n, Stete)	er or Rura	il Route Number,		
DIVISION OF VICE To the Hospital or Attending Physician: within 24 hours effer death.	To the Funerel Director: After this certificate has been signed by the attendin completely filled in by the funeral director, page 2 should be detached for use	edical	29e. Cartifier (Check only one) 1 Certifying Physical Example (Check only one)	ystclen: To the best of the basis of and mannar sta	examination	dge, deeth occurred at the tend/or investigation, in my	time, dete and plece, opinion, deeth occur	end due to the d	euse(s) and me	anner as st end due to	ated.) the ceuse(s)		
To the	To the	Me	29b. Signature and titla of cartifiar	a. sho	Lh.		28365	- 4		Pd. Data signed (Month, Day, Year) 7/ 29/96,			
1			30. Neme and eddress of person who	completed ceusa of d	eef (Item 23		. Manzar S		1180	1176			
			368 MILL STR	EFET H	AGER	STOWN	MD.	21740					
H.	Sta		31. Dete filed (Month, Dey, Year)		er's Signeture								
	Registra	al .	JUL 29	MAR DECI	a Thursday	madall							

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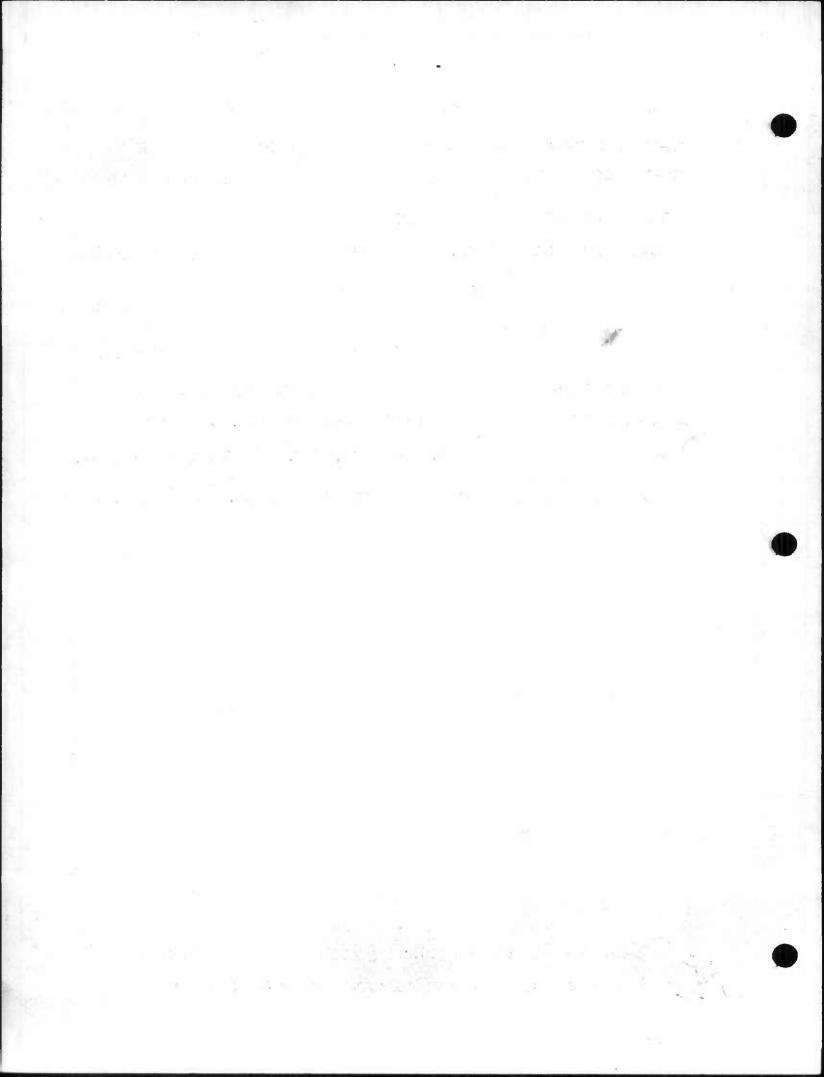
State of Maryland / Department of Health and Mental Hygiene 96 23566

						Cei	rtificate	e of	Death		Reg. No	0.			
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dical	L	ADAIR		H	ARMON					07	2		96		1015
niner	ľ	a. Facility Neme (If not institu	tion, give	street end number	er)				4b. City, Town, or Lo	ocation of Dee	ith 4d	. County	of Death		1000
		PENINSULA REGI							SALISBURY		W.	ICOMI	CO		
ral or		i. Sociel Security Number 229–38–7655	6. S	9X ZM 2□ F	Aga (In yrs	last birthday) 63 Yrs.	If Under	1 Yaar Deys		8. Data of B (Month, D			9. Birthp Court VI	RGIN	ta or Foreign
	_	Usual Residence of Decedent 10e. State 10b. Cour	nty		10c. C	ity, Town or Lo	cation						1	Od. Inside	e City Limits
by Funeral Director		VA ACCC	MAC	K		K HAL	L								as 2 No
		30495 NOCK	S L	ANDING	RD.		10f. Zip (UNI	TED	STA		
by Funeral		Merital Stetus Nevar Married 2 ☒ M Widowed 4 □ Divord		12. Was Decede Armed Forca 1 Yes 2 I If Yes, Give Yaer or Dete	s? LNo		Wes Decede f Yas, speci 1 ☐ Yes 2	ify Cub	Hispanic Origin? (Sp an, Mexican, Puerto Specify:	ecify Yas or N Rican, etc.)	lo-		k, White,		1,
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		7. Fathar's Name (First, Midd	e, Last)						18. Mother's Nem	e (First, Middle					
To Be		GEORGE HARM	ON						LEONA V	VTI.T.T	MS				
-		19a. Informent's Neme/Ralatic CFFIE HARMON		ype, Print)		19b. Mailir 3049			t end Number or Run	al Route Numi	ber, City		State, Zip	Code)	
	2	Oa. Method of Disposition			20b.	Place of Dispo	sition (Nam	e of		Date	-	ocation -	City or To	own, State	,
		1 ☑ Burial 2 ☐ Cremetic 4 ☐ Donetion 5 ☐ Other			o SI	cemetery crer	natory or oti NS CI	her ple	CEM. 7/	/27/96	ATT.	ANTI	·C.	VA.	
الم	-	21. Signature of Funerel Servi											, ,	4224	
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	+	23e. Pert1. Enter tha diseese, shock, or haart failure. L	or comp	plications that caus	ed the dee	1						AO,	/A .	Approxir Intervel	
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2				d		,	112						i		
clan	L		-				4						I		
Physician/	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to 1 Yes 2 No 3 Prob												se of death? I∭Unknowr		
ted by		ATMORTED MEPPT	UD.	TINOULTI	-VE51	ENDENT'	CARD.	TOM	YOPATHY		s en auto formed?	opsy	av	ailable pri	
Completed	-		100										of	mpletion death?	Or Cause
S			44	1.						1 🗆	Yes 2	No	10	☐Yes 2	2□ No
Be		5. Wes casa referred to medi exeminer?	-						28. Place of Deet	h (Check only	one)				
2		1 X Yes 2 □ No		Hospitel: 1 Inpa	tiant 20	ER/Outpatien	at 3□ DO/	A Ot	her: 4 Nursing Ho	ma 5□Ras	sidance	6 □Othe	er (Specif	y)	
	2	Z L Modiciani	stigation	28a. Date of Ir (Month, L	ijury Dey Year)	28b. Time of Injury	M 28	Bc. Inju Wo 1 □	ry et rk?] Yes 2 🗆 No	28d. Describe	how Inju	ary occurr	ed		
Certification:		3 ☐ Suicide 6 ☐ Cou 4 ☐ Homicida data	d not be rmined	28e. Plece of building,	njury - At h etc. (Speci		eet, factory,	, office		28f. Location City or To			er or Rure	/ Route N	lumber,
edical (2	29a. Certifier 1☐ Certific (Check only one) 1☐ Certific 2☑ Madic	ing Phy al Exam	raician: To the besiner: On the basis and manner	of exemine	owledge, deeth	occurred a	it tha ti in my	ma, data and place, opinion, deeth occur	and dua to the red et the time	a causa(s	s) and mai id place, a	nner as si and dua to	tated.	se(s)
M	2	9b. Signeture end title of certi	fier				29c.	Licens	se number		29d. De	ete signed	(Month,	Dey, Yes	r)
	-	John &	6	Sulk	-	O.M.E.		359	9		07-2	21-96			
4	1.	O. Neme and address of person				, , , , ,	•		01 F T C D						
	-	JOHN T. BULKEL	EY,	M.D., 10	8 PI	NE BLUF	F. KOAI	D,_	SALISBURY	, MD 2]	1081				

Registrar

JUL 2 9 1996

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23567

					Cer	tificate o	f Death			Reg. No.				
		1. Decedent's Name (First, Middle,	Last)						2. Date of De	ath		3. Time of Death		
Physic /Medi		DOROTHY JEAN	HILTZER						JULY 3	1990, Day	Year	8:05 P.M		
Exami		4a. Facility Name (If not institution,	give street and number)				4b. City, To	wn, or Loc	cation of Death		y of Death	1000		
		GARRETT COUNTY	MEMORIAL H	OSPIT	AL		OAK	LAND		GARI	RETT			
Funerai Director	_	196-30-7253		e (In yrs. I	ast birthday) Yrs.	if Under 1 Yas Months Day		24 Hrs. Min.	8. Date of Birt (Month, De MAR 29	th y, Year) , 1937	9. Birthp Cour PENN	lece (State or Foraign http:) SYLVANIA		
and w		Usual Residence of Decedent 10a. State 10b, County		10c City	, Town or Loc	cation					4	0d. Inside City Limits		
88-7 sho	Director	W. VA. GRANT			MANIA	Jacon			1 ☐ Yas 2X1					
ath with the 23s or 2		RT. 1 BOX 210H				10f. Zip Code 26720				10g. Citizen of USA	What Cour	etry?		
ine, Mal ylail of LLID-0000 s 1 and 2 should be filed within 72 hours after death with the Manyland f Health and Mental hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, its Medical Exaciting is set be multified at	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 3 ▼ Widowed 4 □ Divorcad	Armed Forcas?	☐ Yes 2 No f Yes, Give 1 ☐ Yes			Hispanic Onition, Mexican Specify:		cify Yas or No- Rican, etc.)	Special	an Indian, etc. HITE			
A 1.4.13-00.40 d within 72 hours aft piene. r than "natural", or	Completed	15. Decedent's (Specify only highest of Elamentary/Secondery (0-12)	Education trade com <i>plated)</i> College (1-4or 5	(Give kind of		kind of work don OO NOT use reti	t's Usuai Occupation d of work done during most of workir NOT use retired) MEMAKER				OWN HOME			
filed with Hygiene other than		17. Fether's Name (First, Middle, La			-			er's Name	(First, Middle,	Malden Sumai				
Incal ylation d 2 should be file th and Mental Hy 7 is marked othe traumatic event	To Be	FRANK	HULL				MAY			ROWAN	-,			
2 should and Men is marke	-	19a. Informant's Name/Relationship	(Type, Print)		19b. Mailin	g Address (Stre	et and Numbe	er or Rural	Route Numbe	er, City or Town	, State, Zip	Code)		
1 and 2 Health a em 27 is		FRANK HILTZER			P.O.	BOX 11	0 GOF	RMANI	A, W. V	VA. 267	20			
mit. Pages 1 ar partment of Hea partment of Hea portant: if Item 2 y Injury or other		20a. Method of Disposition 1 Description Burial 2 Cremation 3	Demousi from Chate	20b. Pi	ace of Dispos	sition (Neme of atory or other p	(ace)		Date	20c. Location	- City or To	wn, Stata		
Pages ment of l		4 Donation 5 Other (Spe		GAF	RRETT M	MEMORAII	GARDE	ENS	8/2	OAKLAN	D, MA	RYALND		
permit. Pages Department of Important: If It any Injury or once.		21. Signature of Fanaral Service Lice	n -	00167		Name and Add				BOX 2		50		
requires that the death certificate be executed requires that the death certificate be executed seen signed by the attending physician and hould be datached for use as the burial-transit	ledical Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Undarlying Cause (Disease or Injury that initiated events rasulting in death) Last	c	Due to (or	as a consequal	uence of):	lli	ling						
eath cert attendin	clan/M		d											
es that the death certification of the detached for use as	y Physician	Part II. Other eignificant conditions	A X &	ıt not resul	lting in the un-	derlying cause g	iven in Part I.					the cause of death? eably 42 Unknown		
	Completed by								24a. Was i	an autopsy med?	ava	ore autopsy findings allable prior to appletion of cause death?		
	E								1□Y	es 20 No	10	Yes 2□ No		
Iclan: T certificat rector, p	Be	25. Wes case referred to medical examiner?					26. Place	of Death	(Chack only of	ne)				
Physic this ce	2	1 Yes 2 No	Hospitai: 1 ☐ Inpatie	nt 2EE	R/Outpatient	3□ DOA O	ther: 4 🗆 Nu	rsing Hom	e 5 Rasid	lence 6 🗆 Oth	ner (Specif))		
After fune	ation:	27. Manner of Death 1 ☑ Natural 5 ☐ Pending 2 ☐ Accidant invastigati	1	Year)	28b. Time of Injury	28c. Inj W M 1[uryat ork? ⊒Yes 2 □ h		8d. Describe h	now injury occur	rred			
al or Attending s after death. I Director: Afte ed in by the fune	Certification:	3 ☐ Suicide 6 ☐ Couid not determine	28e. Place of Inju building, etc	iry - At hon . (Specify)	ne, farm, stra	et, factory, office		28	8f. Location (S City or Tow		ber or Rura	Routa Number,		
To the Hospital or Attention within 24 hours after deatl To the Funeral Director: completely filled in by the	edical (29a. Certifier (Check only one) 1 Certifying F	hyelclan: To the best of miner: On the basis of and manner sta	examination	ledge, death on and/or inve	occurred at the testigation, in my	time, dete and opinion, deat	d placa, ar th occurred	nd dua to the o	cause(s) end m date and place,	anner as st and due to	ated. the cause(s)		
To the Comp	X	29b. Signatura and title of certifiar				29c. Licar	sa number		2	29d. Data signe	d (Month, I	Day, Year)		
		1/2	_			D265	68			JULY	30,	1996		
	9	30. Name and eddress of person who ROGER A. LEWIS,				rint) FATE ST.			TERRA A	ALTA, W	. VA.	26764		

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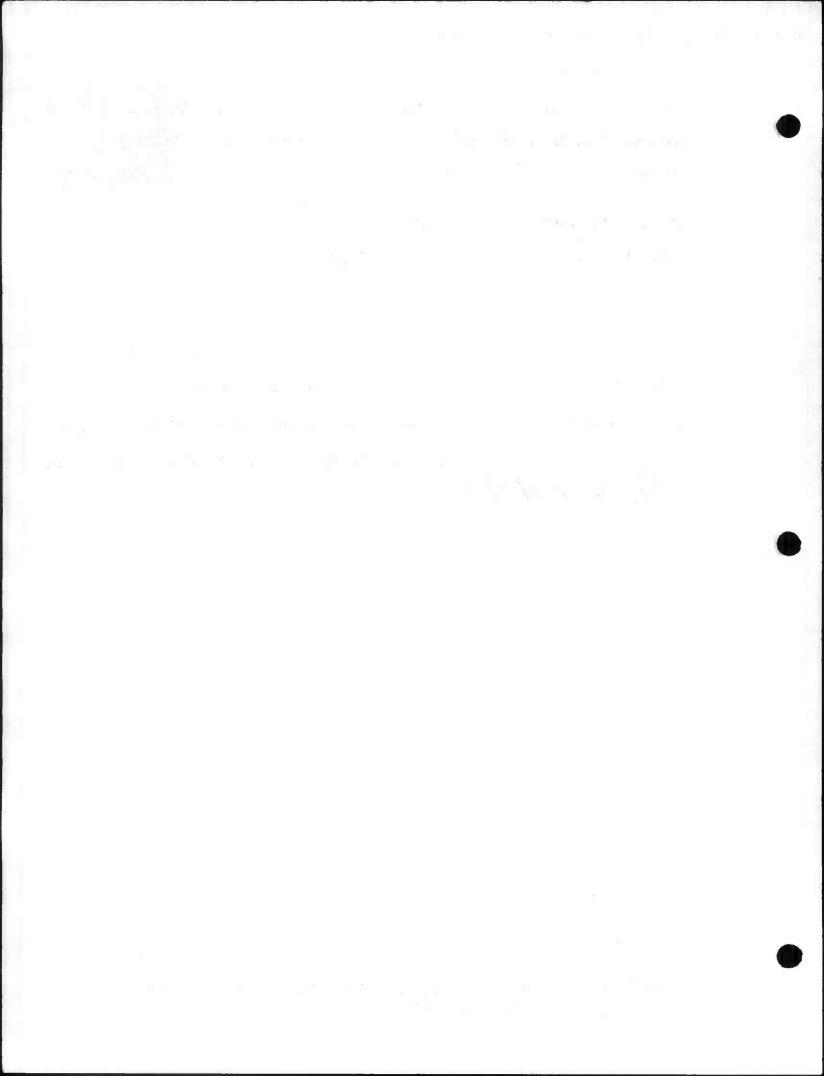
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Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** July 23 1996 MARTHA HARRIS 4:00AM /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Salisbury Center; Genesis Eldercare Salisbury, Md. WICOMICO If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) MAY 25,1906 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** 1□M 2XF 90 Director 174-20-5420 NEW JERSEY Usual Residence of Decedent filed within 72 hours after death with the Maryland 10a State 10h County 10c. City. Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1 Yes 2 □ No Director MARYLAND WICOMICO SALISBURY 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 1010 RUSSELL AVENUE Items 23a 21801 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 5 1 ☐ Yes 2 No Specify: Specify: ģ 3 ☑ Widowed 4 ☐ Divorced WHITE "natural". Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If them 27 is married other than "na any injury or other traumatic event (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 12 BUYER FOOD PRODUCTION 17. Father'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be UNKNOWN LOTTIE GUTSCHALL 2 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARY ANN NEGLEY 2 WEST FARMINGTON ST., FENWICK ISLAND, DE 19944 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 7/26/96 ALLEN, PENNSYLVANIA MT. ZION CEMETERY M-Funeral Service Licensee 22. Name end Address of Facility HASTINGS FUNEAL HOME, SELBYVILLE, DE 23a. Part Enter the disease, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each ring. Approximate Interval Between Onset end Deeth **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical **Examiner** ANCERO The law requires that the death cartificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed by 15 chamec Co Division of Vital Records, þ 24b. Were autopsy findings aveilable prior to 24e. Was en eutopsy performed? Completed completion of cause of death? 1 □ Yes 2010 1 Tes cartificata or Attending Physician: 25. Was case referred to medical exeminer? Be 26. Piece of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 10 1 ☐ Inpatient 2 ☐ ER/Outpatienf 3 ☐ DOA this funaral 27. Manner of Death 28e. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: Aftar 5 Pending 1 Malurel 1 ☐ Yes 2 ☐ No daath. investigation 2 Accident Director: 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 Homicide within 24 hours aff To the Funeral Di complataly filled in To the Hospital Medical 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner steted. 29e. Certifier (Check only one) 29b. Signeture end fitle of certifier 29d. Dete signed (Month, Day, Year) 29c. License number een ND 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) MICHAEL ATKINS, M.D. 1104 HEALTHWAY DR., SALISBURY, MD. 21804 31. Date filed (Month, Day, Year) 32. Redistrar's Signature State JUL 24 1996



State of Maryland / Department of Health and Mental Hygiene 96

						Certifica	ate of	Death			Reg. No.				
			1. Decedent's Neme (First, Middle, L	ast)						2. Date of De	eth	V	3. Time o	of Death	
	Physici /Medi		MARY ELIZAT	3ETH	HOO	CHMUTH				Month JULY	Day 22	Year 1996	1:20	AM	
	Examir		4a. Facility Name (If not institution, gi	ve street end number)				4b. City, To	own, or Lo	cation of Deat		ty of Death			
			SALISBURY CENTER	: GENESIS	ELDERCA	RE		SALIS	BURY	MD.	WICO	MICO			
	Funeral Director			Sex 7. Age 1	7 1	Yrs. If Und Month	der 1 Yeer s Days	If Under Hours	24 Hrs. Min.	8. Date of Bir (Month, Da 12	th ly, <i>Year)</i> 18 24	Cou	place (Stete ntry) ryland	or Foreign	
bue	8 m		10a. State 10b. County		10c. City, Towr	or Location							10d. Inside C	City Limits	
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with the	ges 1 and 2 should be filed within 72 hours effer deeth with the Menyland to filed he d Mentle Hygiene. If fleath and Mentle Hygiene. If fleat Z1 is marked other than "netural", or items 23a or 28e-f show or other traumatic event, the Medical Examiner must be notified at	i Director	10e. Street and Number 8663 Memory Garden L	ane		10f. 2	Zip Code 2 18	30			10g. Citizen of U.S		ntry?		
020 ours efter deet		by Funeral	11. Meritel Stetus 12 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces?	Armed Forces? 1 ☐ Yes 2 ∰No If Yes, Give			lispanic On an, Mexical Specify:	n, Puerto	ecify Yes or No Rican, etc.)		ice - Americack, White,	etc.		
5-0 22 Pe	all all	Completed	15. Decedent's E (Specify only highest gi		16a.	Decedent's Us	sual Occup	oetion	et of work	ina	16b. Kind of	Business/In	dustry		
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Maryland 21215-0020	and Mental H marked off numatic ever	To Be	17. Father's Name (First, Middle, Las George J. Hochmuth	t) 						E. Good	, Melden Sume	me)			
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altimore,	Department of Health er Important: if New 27 is any injury or other trau		20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cremation 3 [4 ☐ Donation 5 ☐ Other (Speci		cemeter	Disposition (A y, cremetory of nghill Me	r other ple	•	S	Date 7/24/96	20c. Location	- 1			
Balti Permit.	Departm Importa any inju		21. Signature of Fungral Bervice Lice	rispo				ess of Facili	110	-	meral Ho Maryland		,		
	_		23e. Part1. Enter the diseese, or con shock, or heart failure. List only	nplication that caused	the death. Do n	-1			-			2100	Approxima	ite	
1	hysician Medical xaminer		immediate Ceuse (Final disease or condition resulting in death)		Due to (or as e o							35	Interval Be Onset and		
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ecords, P.O. Box 68760, lew requires that the death certificate be executed	ettending physicien and for use as the buriel-transit	n/Medical	Cause (Disease or injury that initiated events resulting in death) Last	d	Due to (or as e c	onsequence of	f):								
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To the	within To the	M	29b. Signeture and title of certifier			2	9c. Licens	se number			29d. Date sign	ed (Month,	Dey, Year)		
'			1 - hu	0 00	00		D-39	813			7/2	3/	96		
		1	30. Name and address of person who	completed cause of de	eath (Item 23a) (Type, Print)					. /				
			MICHAEL ATKINS, M.		ALTHWAY		LISBI	JRY, M	1D. 2	1804					

AM ITEMS: 23 PART I, 27, PER MEO FILM G-738 8/23/96 t,t

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	Funeral Director		5. Sociel Security 224-96		5. Sex 1 ☐ M 2 🟋 F	7. Age (In yrs	s. last birthday Yrs.) If Under Months	1 Year Deys				Augus	9. Birthp	piece (State or Foreign
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			Dennis	J. T	hute m	D 1:	11 Per	nn St	ree	et, B	alt	imore,	Maryl	and	21201
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** COMMODAS 1996 CARROLL HANCOCK July 7.25 P.M. /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner ST. MARY'S HOSPITAL ST. MARY'S LEONARDTOWN | If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, AUGUST | 8. Dete of Birth (Month, Day, AUGUST | 8. 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign **Funeral** Year) 100 M 2□ F 87 Yrs 8, 1908 BENEDICT, MD 577-16-6862 Director Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "naturel", or items 23a or 28a-f show other treumatic event, the Medical Evaniner must be notified at MARYLAND CHARLES HUGHESVILLE 1 Yes 2 No 10e. Street end Numbe 10f. Zip Code 10g. Citizen of What Country? 6250 FOSTER LANE 20637 U.S.A. Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 14. Rece - American Indien, permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural" or item will jury or other traumant. Bieck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Saltimore, Maryland 21215-0020 1 ☐ Yes 2 🕅 No WHITE þ If Yes, Give 'Year or Detes: Specify: 3 Nidowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) **AGRICULTURE FARMER** 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) TRUMAN COMMODAS HANCOCK MARY ANNA SEDONIA JENKINS 2 19e. Intormant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) DOROTHY CHRISTINE HILL/DAUGHTER 6615 WALDORF LEONARDTOWN RD, MECHANICSVILLE M
20659

206. Place of Disposition (Name of Date 20c. Location - City or Town, State 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 1 X Burlel 2 Cremetion 3 Removel from State OLDFIELD EPISCOPAL CHURCH 4 ☐ Donetion 5 ☐ Other (Special HUGHESVILLE, MARYLAND 22. Name end Address of Fecility
THE HUNTT FUNERAL HOME, INC. MATTHEWS BENJAMAN M-00658 P.O. BOX 156, WALDORF, MARYLAND 20604 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner physician and the burial-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events Division of Vital Records, P.O. Box 68760, that the death certificate be Physician/Medical thet Initiated events resulting in deeth) Lest Due to (or es a consequenca of) USB as 1 attending signed by the atte Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown þ should I 24a. Wes en eutopsy performed? 24b. Were autopsy findings evalleble prior to completion of cause of death? Completed hes 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case reterred to medical examiner? Be 26. Plece of Deeth (Check only one) To Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpetlent 3 DOA this funeral 28a. Dete of Injury (Month, Day Year) To the Hospital or Attanding Pl within 24 hours after death. To the Funeral Director: After th completely filled in by the funera 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: Affer 1 Netural 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, term, street, tectory, offica building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end manner es stated. Medical 2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) end menner steted. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) WILLIAM MAHAFFEY M.D. LEONARDTOWN, MD. 20650

State Registrar 31. Dete filed (Month, Day, Year)

JUL 3 1 1996

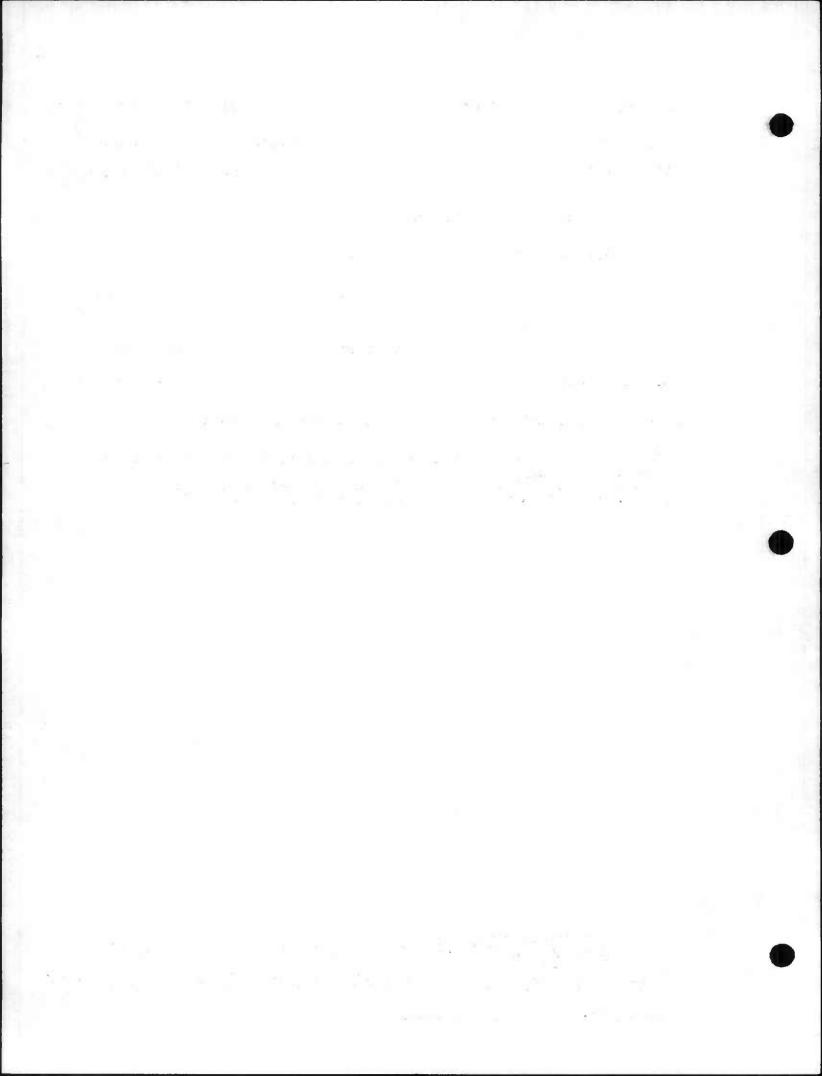
32. Registrer's Signature

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 23572

		Decedent's Neme (First, Middle, La	ef)		C	ertifica	ate of	Death	2. Deta of Dec	Reg. No.		2 Time	of Death
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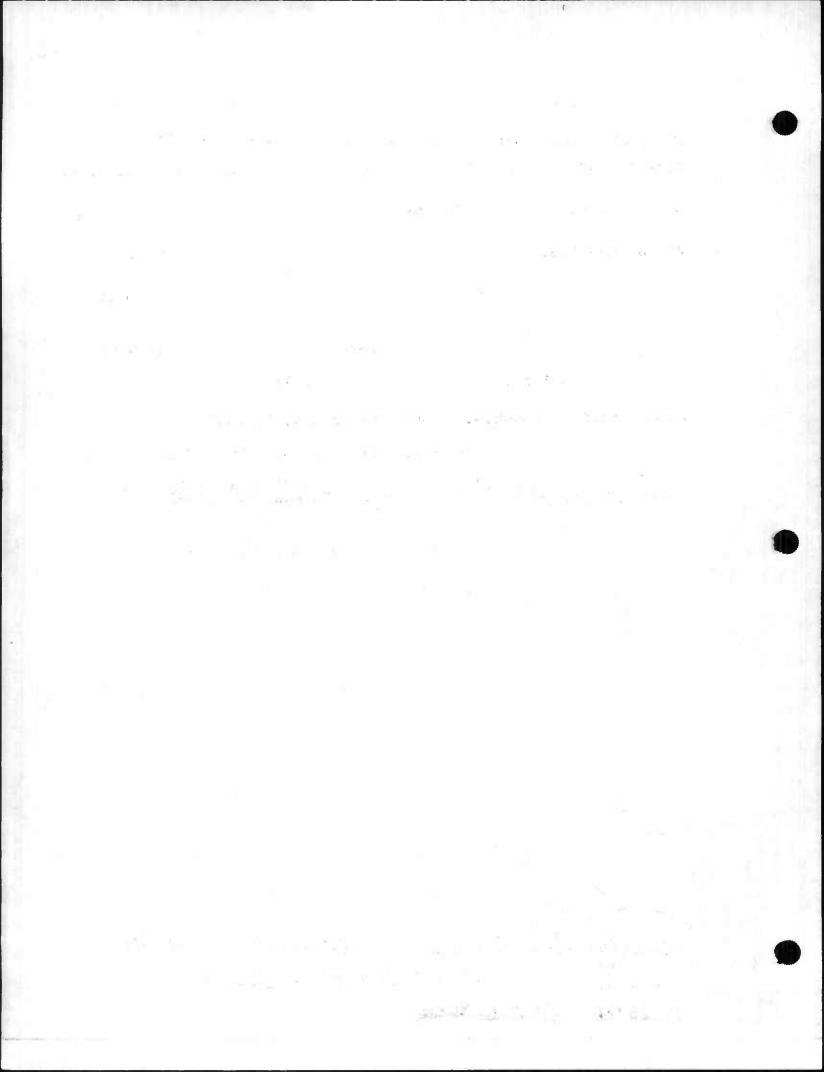
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nysiciar		1. Decedent's Neme (First, Mic	ddle, Les	st)							2. Dete of Dea Month		Veer	3. Time of Deeth		
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in pol at		Usuel Residence of Decedant 10a. State 10b. Cour MD Ken			10c. City Gal	, Town or Loc ena							10d. inside City Limits			
Though	Director	10e. Street and Number					10f. Zip C	ode			10g. Citizen of Whet Country			-1		
the Medical Examiner must be notified at	<u>a</u>	421 Jarman A	Ave				2	163				U.S.A.				
hy Euge	by Funeral	11. Marital Status t □ Never Married 2 ★ M 3 □ Widowed 4 □ Divorc		12. Was Dece Armed For 1 Tas If Yes, Giv Year or De	2∏ No e		Vas Deceder Yes, specify				ecify Yes or No- Rican, atc.)		ace - Americ leck, White, city:Whit	etc.		
100	erec	15. Deced (Specify only high				16e. Deced	ant's Usual (kind of work O NOT use	Occup done	etion during mos	t of work	ina	16b. Kind of	Business/In	dustry		
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Ţ		19a. Informent'a Name/Ralatio James Hanife		Type, Print) (husba	and)				at end Number or Rurel Routa Number, City or Town, Steta, Zij lena, MD 21635			Coda)				
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SUICE)		21. Signature of Funeral Service	ce Licen	sae M	00510	Ga Bo	Name and A	Addre F.	ss of Fecilion	f S	tephen	L. S	chaec	ch		
Medical Examiner	(allille)	Immediate Ceuse (Finel disasse or condition rasulting in death) Sequentially list conditions,	ist only o	one cause on ee	SIVE (Dua to (or bable		CA /				ic CV			Approximata Interval Between Onset end Death		
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ation:		27. Manner of Deeth 1 ☑ Natural 5 ☐ Panc 2 ☐ Accidant Inves	ding stigation	28e. Dete or (Month		28b. Time of Injury	28c	Injur Wor	yet k? Yes 2□		28d. Describe h	ow injury occ	urred			
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ical	James		Hutzell					29, 1996	5:47 p.m			
iner	4a. Fecility Neme	(If not institution, gi	ve street end number)		4b. City, Town, or	Location of Deet	h 4c. County	of Death			
	5. Sociel Security	ederick M	emorial Ho	ospital ge (in yrs. last b	hirthday) If Under 1 Yes	Freder	ick 8. Dete of Bi	Fr	ederick 9. Birthplace (State or Fore			
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	Usuel Residence	of Decedent										
2	Maryland	10b. County Washi	naton		wn or Location Boonsboro				10d. inside City Limit			
Director	10e. Street end Nu				10f. Zip Code			10g. Citizen of V				
ō	A CONTRACTOR	levelandt	own Rd.		101. 2.4 0000	21713		U. S				
Funeral	11. Meritel Stetus		12. Wes Decedent	Ever in U,S.	13. Wes Decedent of If Yes, specify Co		pecify Yes or No	o- 14. Race	e - American Indian,			
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d by	3 Widowed	4 Divorced	Year or Detes:		TO THE STATE	o specity.		Specify	White			
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Be Co	17. Father's Neme	(First, Middle, Last	t)		Machinist	18. Mother's Ner	ne (First, Middle	e (First, Middle, Meiden Sumeme)				
To B	Roger	r Albert	Hutzell			Virgi	na Mae	Mae Harman				
	19e. Informent's N	er, City or Town,	State, Zip Code)									
			ll / Wife		6330 Cleve]	andtown R	d, Boon					
	20e. Method of Dis	City or Town, Stete										
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	21. Signeture of Funerel Service Licensee 22. Neme end Address of Facility 7606 Old Nation Boonsboro, Md.											
800ce	23a. Pag. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate											
	shoot, or he	ert feilure. List only	one cause on each i	ine.	o not enter the mode of d	ying, such as calciac	or respiratory e	illest'	Interval Between			
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edical Certification: To Be Completed by Physician/Medical Examiner	disease or conditi- resulting in death) Sequentially list or if eny, leeding to it cause. Enter Und Cause (Disease or thet initiated event resulting in death) Pert II. Other signi 25. Wes case refe exeminer? 1 Yes 2 27. Menner of Dea 1 Neturel 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) 29b. Signeture end	onditions, mmediate entrying rights. Last Ifficent conditions of the conditions of	d	Due to (or es e	consequence of): consequence of): consequence of): consequence of): In the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying the underlying the underlying cause of the underlying the underlyi	26. Piece of Decother: 4 Nursing Hury et ork? 1 Yes 2 No a time, dete end piece opinion, deeth occur	23b. Did 24a. Wes performance 1 □ 1th (Check only) ome 5 □ Resi 28d. Describe 28f. Location (City or To	tobacco use con Yes 2 No en eutopsy primed? Yes 2 No one) dence 6 Othe how injury occurr Street end Numbe wn, Stete) ceuse(s) end ma dete end pieca, s 29d. Dete signed	Onset and Death Intribute to the cause of dea Improve autopsy finding evellable prior to completion of cause of deeth? I yes 20 No If (Specify) If (Specify) If (Month, Dey, Year)			

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

State of Maryland / Department of Health and Mental Hygiene 96

23575

							Cer	tificate of	Death		Reg.	No.			
	14.00		1. Decedent's Nam-	a (First, Middle, La	ist)					2. Date	of Death		M	3. Tima of Death	
	Physic /Medi		Louis Ed	lwin Hawk	е					July		1996	Year	1:30AM	
	Exami		4a. Facility Name (I	f not institution, giv	re street and num	nber)			4b. City, Tow	m, or Location of		4c. County	of Death	1.000.1.7	
1				illa Nur						rstown					
	Funerai Director		5. Social Security N 188-07-0 Usual Residence of	051	Sex F⊡M 2□F	7. Age (In yrs. Ia 80	Yrs.	If Under 1 Yea Months Days	r if Under 2	Min. Sept.	of Birth h, Day, Ye 29,	1915	9. Birthpi Count PA	laca (Stata or Foreign (ry) A	
	dand Mand		10a. Stata	10b. County		10c. City,	, Town or Lo	cation					10	0d. Insida City Limits	
	Man Hel	Funeral Director	MD	Washin	gton	Ĥâ	igerst	own = Time	e Pike					1 ☐ Yes 2 No	
	ours ours		10e. Street and Nur	mber				10f. Zip Code			10g.	Og. Citizen of What Country?			
			10848 Do	wnsville	Pike				21740			US	A		
0			11. Marital Status 1 ☐ Nevar Marri	ed 2 Married	12. Was Dece Armed For 1 Yes	24 No	 13. Was Decedent of Hispanic Origin? if Yas, specify Cuban, Mexican, Pus 1 ☐ Yes			in? (Specify Yes of Puarto Rican, ato	or No- 14. Race - Amarican Indian, Black, White, atc. Specify: White				
00			3 ☐ Widowed	4X Divorced	Yaar or Da	tes:		L 162 7F1140	з эреспу.			Specify:	Whit	te	
5-0			(Spec	15. Decedent's E			16a. Deced	ent'a Usual Occi kind of work don	upation e during most	of working	16b	. Kind of Bu	siness/Ind	Justry	
121	within ene.	Completed	Elementary/Seco	ndary (0-12)	College (1-	4or 5+)		(Give kind of work done during most of work life. DO NOT use retired)					_		
	her ti	ပိ	17. Father's Name		1		Sı	upply Of	1	'a Name (First, M	Intelle Mark		e Pr	ison	
Maryland	should be filed with nd Mental Hygiene. marked other ther umatic event, tre	Be											,		
Z	d Me	1º		nest Haw			405 14-111-			ne Eugen				0.43	
Ma	Imore, Ma Peges 1 end 2 : nent of Heelth en int: If them 27 is ury or other treu		Susan J. Place, Daughter 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number) 1042 Glenwood Aven												
			20a. Method of Disp		baugiicei			sition (Nama of	d Aveni	Date		Location -	-		
20			1 X Buriai 2 [Cramation 3		itate	metery, cran	natory or other pi	,						
틆				5 Other (Special		Res		en Cemet		7/31	Ha	agerst	own,	Maryland	
B	Departr Departr Importa any inju		21. Signature of Fu	y a L	founk	er	Doi 13:	Name and Add uglas A. 31 Easte	Fiery rn Blve	Funeral d. North	Home Hac	e gersto	wn, N	MD 21742	
			23a. Part1. Enter the shock, or haar	ne disease, or com	plications that ca	used tha death.								Approximate Interval Between	
	Physician /Medical Examiner	ner	Immediata Cause (disaase or condition resulting in death)		. (C	onges	as a conseq		f F	arlun yo pat	مر		 	Onset and Death	
Box 68760,			Sequentially list cor if any, leading to im cause. Entar Unde Cause (Diseasa or that initiated events rasulting in death) L	nditions, imediate rlying injury _ast	c. //	15 fr	as a consequal as a consequal	equira	1fat	con					
o	ires that the death censioned by the attending do be deteched for use	Physician/	Part II. Other significant				iting in the ur	nderlying causa g	given in Part I.	23b.		/		the cause of death?	
S, D	s that gned b	by P		gwalle	wing	dys	me	from	auth		1 Yes	2 110	3 Proc	pably 4 ☐ Unknow	
Records,	been shoul	Completed I		Gwallo	spira	how				24a.	Was an a performed		BVB	ere autopsy tindings allabie prior to impletion of cause death?	
	0 5 5	E									1 ☐ Yes	2000	1	Yes 20 No	
of Vital	ician: The certificate rector, pag	Be C	25. Was case referr	ed to medical					28. Place	of Beath (Check of					
<u>></u>		To B	axaminer?	Na	Hospital:	patiant 2 E	R/Outpatien	3□ DOA O	ther . /	sing Home 5		e 6 □Othe	r (Specify	()	
			27. Manne of Death	1	28a. Date o		28b. Time of	28c. Inj				injury occurre			
0	Attending ir death. ector: After by the fune	atio	1 ☑Natural 2 ☐ Accidant	5 Panding investigation		, Day Tear)	Injury		Yes 2□N	ю					
Division	or Attending I after death. Director: After d in by the funer	Certification:	3 ☐ Suicida 4 ☐ Homicide	6 Could not be determined	Zoe. Placa	of Injury - At hong, etc. (Specify)	ma, farm, stre	et, tactory, office		28t. Locat City of	ion (Strae or Town, S	(Straet and Number or Rural Route Number, wn, Stata)			
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical C	29a. Certifler (Check-enty one)	1 Dertifying Ph	ysician: To the t ninar: On the bas and mann	sis of examination	iedge, daath on and/or inv	occurred at the estigation, in my	time, date and opinion, death	piaca, and due to n occurred at the t	the caua lime, date	e(s) and mar and place, a	nner as at and due to	ated. the cause(s)	
	To the Forth in the Comp	Me	20b Signature april	title of certifies	1	Α.		29c. Licer	nsa number		29d.	Date signed	(Month,	Day, Year)	
	- >- 0		1	20	_	4,	M.O	D. D.	41131			7/20	1/91		
			30. Name and addre	sss of person who	completed cause	of death (Item 1	23a) (Type I	Print)	10-0	•		-(, ,	7	
			1928	will a	34- 6	Fagera	town	MO	25	140					
	Sta		31. Date-lifed (Mont	th, Day, Year)		gistrari Signatu	in Re	LU						The state of the s	
	Registi	ar		JUL 0	1330 1	March In citizen									

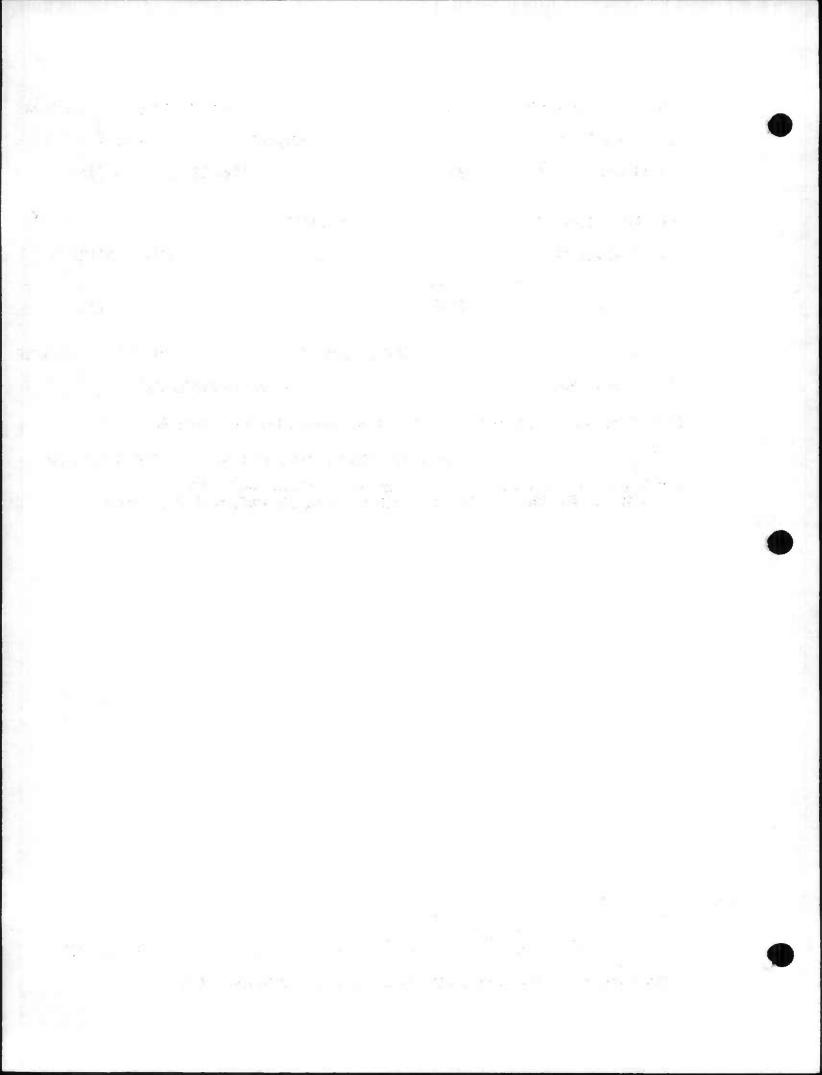


State of Maryland / Department of Health and Mental Hygiene 96 23576

					Certificate	of Death		Reg. No.				
Physic	ian	Decedent's Neme (First, Middle, La.					2. Date of De Month	eth Dev	Yeer	3. Time of Death		
/Med		ROBERT HARRIS		VES			JULY 2	5, 1996		12:47 PM		
Exami	ner	4e. Facility Name (If not institution, give	street end number)				r Location of Deet					
		807 STONE AVENUE		d	thday) If Under 1	WALDOR Yeer il Under 24 Hr			ARLES			
Funeral Director		5. Sociel Security Number 6. S 231-14-9587	h	(In yrs. lest bil			Min. NOV. 27, 1922 9. Birthplece (State or Fore					
show at at		10a. Stete 10b. County		10c. City, Tow	n or Location				10d.	Inside City Limits		
Men and a Men	tor	MARYLAND CHARLE	s		W	ALDORF				1 ☐ Yes XX No		
or 28	Director	10e. Street and Number			10f. Zip Co			?				
oth will		807 STONE AVENUE			2	0602		UNITED STATES				
72 hours after deeth with the Menyland netural; or items 23s or 28s-f show deal Examinal must be inclined at	by Funeral	11. Maritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1	1942-		t of Hispenic Origin? (Cuben, Mexican, Pue No Specify:	Specify Yes or No orto Rican, etc.)	14. Red Black Specify	ce - American ck, White, etc. y:			
d within 72 hours af giene. or than "netural", or the Medical Exam		15. Decedent's Ed	Yeer or Detes:		Decedent's Usuel C	Occupation		WHITE 16b. Kind of Business/Industry				
d within 72 ho jene. r than "netur the Med cal	Completed	(Specify only highest gra Elementery/Secondery (0-12)	de completed)		(Give kind of work of life. DO NOT use	done during most of w	orking	1001 11111 01 0	0011000111000	,		
事を発	E	9	College (1-4or 5+	,	HORTICULT	URIST		WASHING	TON DC	GOVERN.		
	Be	17. Fether's Neme (First, Middle, Last)				18. Mother's No	ame (First, Middle					
2 should be and Mental is marked o	2	ROBERT DUDDLY JON	ES			LUCY M	1. (UNAVA	ILABLE)				
id 2 should be file th and Mental Hy ? Is marked othe traumatic event.		19e. Informent's Neme/Reletionship (Į		itreet and Number or F				ode)		
		LILLIAN DACRUZ -	DAUGHTER	T	the state of the s	VENUE, WAL						
8 7 2 0		20e. Method of Disposition **XX**Burial 2	Removei Irom State	cemete	Disposition (Neme ry, cremetory or othe	r place)	Dete	20c. Location				
rtmer rtant:		4 Donetion 5 Other (Specify		MARYLA		NS CEM. JU	JLY 30, 1	.996 CHE	LTENHA	M, MD		
permit. Pege Department Important: If any Injury or once.		MGB MARK G. BROHA	okaum	0053	THE HUNT	Address of Fecility T FUNERAL 156, WALDO			0604			
		23a. Pert1. Enter the diseese, or comp shock, or heart fellure. List only	plicetions that caused tone cause on each line	he deeth. Do	not enter the mode of	f dylng, such es cardi	ec or respiratory e	rrest,	Ar	proximete ervai Between		
Physician		encountlikens will	14	Cinn	huro i.	a); (ind C	Lago	Or	nset and Deeth		
/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)	0.	Ciril	Julia		0,4	1	1			
DE SU	5	,	0	ue to (or as a	consequence of):			U	ì			
uted Insit	Examiner		b		consequence of):							
exec in an fel-tr	Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	1									
ertificate be executed ling physician and se as the buriel-transit	Cal	Cause (Disease or Injury that initieted events	C									
tifica ng ph as ti	Medical	resulting in death) Last	_	, , , , , , , , , , , , , , , , , , , ,								
0 2 2			d						1			
death ne atter ed for u	sicia	Pert tt. Other significant conditions co	entributing to death but	not resulting la	n the underlying caus	se given in Pert I.	23b. Dld	tobacco use co	ntribute to th	e cause of death?		
that the de ed by the detached	Physician						12	Yes 2 No	3 Probab	ly 4 Unknow		
* 5.8	by						-		T			
v requires been sign should be	Completed							an autopsy rmed?	aveila	eutopsy findings bie prior to		
2 S	nple								of dee	etion of cause th?		
The law requires to cata has been signed page 2 should be	S						10	Yes 2 No	1 🗆 Y	es 2 No		
Physician: The this certificate ral director, pag	Be	25. Was case referred to medical exeminer?	Magnital.				eeth (Check only	one)				
this aldi	2	1 Yes 2 No	Hospitei: 1 ☐ Inpatien 28a. Dete of Injury			_	Home 5 Resi					
After fune	lon	Naturel 5 Pending	(Month, Day		Time of 28c. njury M	Injury at Work? 1 Yes 2 No	Zod. Describe	how injury occur	red			
or Attending after death. Director: After I in by the fune	ertification:	3 ☐ Suicide 6 ☐ Could not be	28e Place of Injur	v - At home le			28f Location (Street and Numb	per or Rural R	oute Number		
after Dire	eri	4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 See. Plece of Injury - At home, Ierm, street, lactory, office building, etc. (Specify) 28e. Plece of Injury - At home, Ierm, street, lactory, office City or Town, State)										
To the Hospital or Attend within 24 hours after death To the Euneral Director: completely filled in by the	edical C	29e, Certifier (Check only one) 15 Certifying Phy	reicten: To the best of lner: On the basis of e and menner stete	xaminetlon en	, deeth occurred at t d/or investigation, in	he time, dete and pled my opinion, deeth occ	ce, and due to the curred at the time,	cause(s) end ma dete end piece,	and due to the	d. e cause(s)		
To the To the comple	Me	29b. Signeture end title of certifier	000	1)	/ 29c. L	icense number		29d. Dete signe	d (Month, Day	, Year)		
F>F0		> Joz	hall	Kou	/]	537174		JUL	Y 25,	1996		
		30. Name and address of person who co				OORF. MARY	LAND 2060	01				

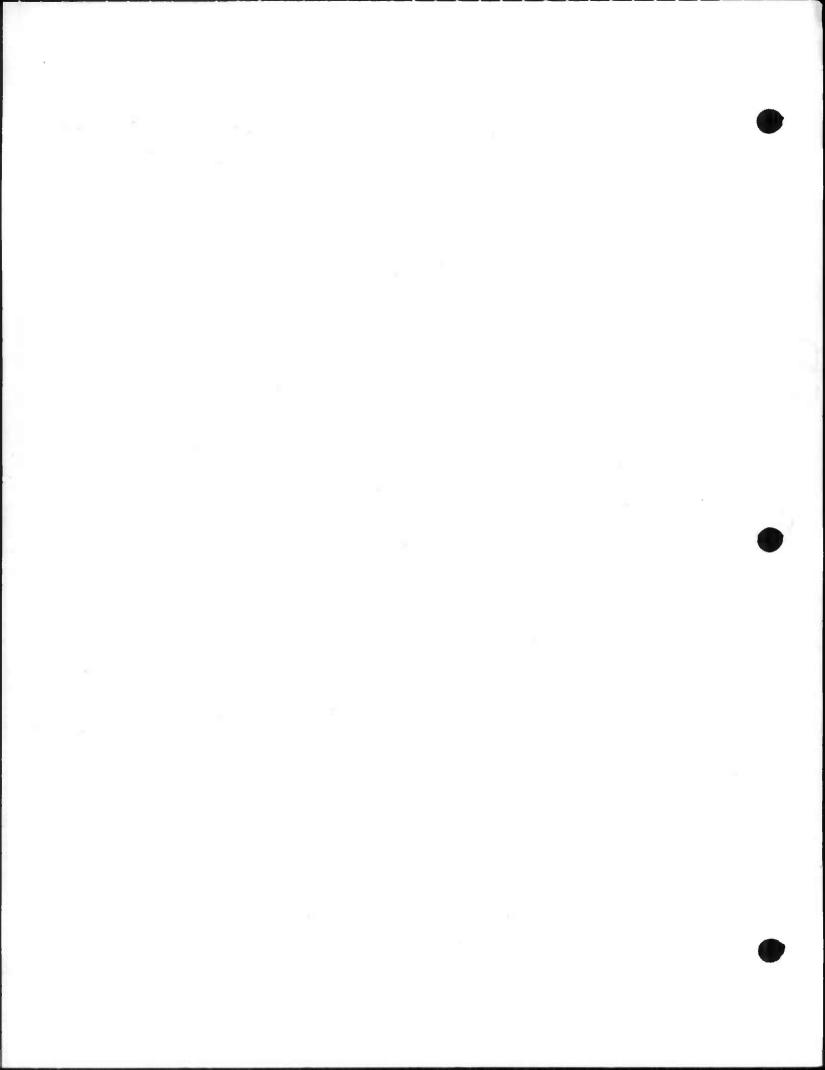
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State Registrar



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		1 - STATE REGISTRAR	STATE OF MA	ARYLA	ND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGIEN				
		1. DECEDENT'S NAME (First, Middle	, Last)					2. DATE OF DEATH			TIME OF DEA	ATH
		BERTHA Nils	- OOIMA	1				July 2	6, 19	96	2:00	р.м
P.		4. SOCIAL SECURITY NUMBER 391-07-7168	1 🗆 M 2 🗔 F	6. AGE (In	yrs. laat birthday) YRS.	IF UNDER 1 YES		7. DATE OF BIRTH (Month, Day, Year) Oct.19,1		Country)	onsin	
2, 3 should	œ	9e. FACILITY NAME (If not inatitution					N OR LOCATION OF D	EATH	9c. COUNTY	_	Н	
1, 2,	CTO	VA Maryland Hea		stem			Point		Ceci	1		
physician. burial-transit permit. Pages 1,	DIRECTOR	Md.	Cecil		10c. CIT	10c. CITY, TOWN OR LOCATION Perryville						NO NO
n. ansit pern	FUNERAL	152 Mill Cr	eek Rd., A	Apt.	1002	1002 101. ZIP CODE 21903			10g. CITIZEN OF WI			
	ETED BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 N IF YES, DIVE WA WW	YES	2 NO	It yes	DECENDENT OF HISPA specify Cuban, Mexico (ES 2 X NO Specific		e or No- 14.	RACE — Black, W Specify:	American Ind Thite, etc. Whit	
pital or attending ed for use as the		15. DECEDENT (Specify only highes Elementary/Secondary (0-12) 1 2	S EDUCATION It grade completed) College (1-4 or 5+)		(Give kind of life. Do NOT us	work done during se retired.)	most of working	16b. KIND OF BU	siness/indus		-	
retained by the hospital or 5 should be detached for notified at once.	E COMPL	17. FATHER'S NAME (First, Middle, LA Amdrew G. N	,		i og a o		16. MOTHER'S NA	ME (First, Middle, Meider W. Janss	Surneme)			
	TO BE	190. INFORMANT'S NAME (Type/Prin			19b. MAILING 2436	ADDRESS (Sm	et end Number or Rural Chtown	Route Number, City or Tow	n, State, Zip Co	osit	1904 , Md.	
e 6 may be ector, page must be r		20a. METHOD OF DISPOSITION 1 Greenation 3 Greenation 3 Removed from State 4 Greenation 5 Greenation 5 Greenation State 20b. PLACE AND DATE of DISPOSITION (Name of cametery, cremetory or other place) R. A. Ferris & Co.7/29/96 West Chester, Pa										
funeral dir xaminer		21. SIGNATURE OF TUNERAL SERV		1 10	A. I.	22. NAM	AND ADDRESS OF FA	HOMA 25	E. N	1ain	St.	,
d in by the or removal.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate										neta
42 ∰ 00 5		iMMEDIATE CAUSE (Final disease or condition	\								Interval E Onset an	d Death
ompletel ul, crema		resulting in dasth)	a. Adult I	RESD: OR AS A C	CONSEQUENCE O	Distre	ss Syndro	me			5 da	ys_
execution and to but	RTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (C	OR AS A C	CONSEQUENCE O	F):						
the death certificate be to the attending physician d Mental Hygiene prior to Injury, or other traun	CERTIFI	CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
	AL C	PART ii. Other algnificant con	ditiona contributing to d	laath but	not resulting	in tha undari	ring cause given in	Part i. 24s, WAS AN			RE AUTOPSY I	
anth and	MEDIC/	Hypothyroid						PERFO		CO	MPLETION OF DEATH?	
been si or, of He		Severe Arth		ISE OF	DEATH YE	S \square NO	V UNCERTAI	N []		1 (YES 2	NO
The lange te has site Deg	CIA	25. WAS CASE REFERRED TO MEDI- EXAMINER?	CAL	_	. PLACE OF DEAT	TH (Check only o						
CIAN: ertifical the Sta	PHYSICIAN:	1 TYES 2X NO	HOSPITAL:				ome 5 🗆 Residence	8 Other (Specify)				
VG PHYSII ter this ce ath with t marked,	ву рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investig	ation	(Year)		M 1 [INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	NJURY OCCUR	ED		
ATTENDII ECTOR: Ai rs after de	ED	3 Suicide 8 Could r 4 Homicide determi	ioi pa pullging at	INJURY — Ic. (Specify	- At home, farm,	street, fectory, c	ffice	281. LOCATION (Street City or Town, State)	and Number or I	Rural Routi	Number,	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health an IMPORTANT: If item 28 is marked, or item 23 shows any	COMPLET		PHYSICIAN: To the best of m AMINER: On the beele of axa							ouse(e) en	d menner aa	stated.
THE HI	BE (29b. SIGNATURE AND TITLE OF CE	RTIFIER P	1 \			29c. LICENSE NUI	WBER			onth, Day, Year)	
2 2 3 W	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
		SURINDERPAL SODHI, M.D., VA Medical Center, Perry Point, MD 21902										
		JUL 2 9 199	6 Julia Dan		-Randall							
•			U		-						DHMH-1	18 Rev 1/89



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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL	HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)			7112 01	D	OF DEATH	_		TIME OF OEATH			
	William Davi	d JONES				JU		, 199°	6	7:00 AM		
				F UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	8.	BIRTHPLA	NCE (State or Foreign		
. 1	215-84-7616	1 💢 M 2 🗆 F 📗 2	4 YRS.	ONTHS DAYS	HOURS MIN.		18,		Country) Mar	vland		
	9e. FACILITY NAME (If not institution, give street	et and number)	9	b. CITY, TOWN	R LOCATION OF DE			9c. COUNTY				
DIRECTOR	16212 Woburn Road			Sharps	burg			Was	hing	ton		
JE I	10s. STATE 10b. COUNTY			TOWN OR LOCAT					10	d. INSIDE CITY LIMITS?		
	Maryland Washington Sharpsburg											
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT											
i i	16212 Woburn Road				21782			USA				
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FDRCES? 1 YES		13. WAS OEC	ENDENT OF HISPAN ecify Cuban, Mexica	NIC ORIGIN	? (Specify Yes	or No- 14.	RACE Black, W	American Indian, hite, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	2 XND Specif	у.	,,		Specify:	White				
	15. DECEDENT'S EDUCA	ON	165	KIND OF BIR	INESS/INDUST							
	(Specify only highest grade co	st of working	100.	KIND OF BUS	INC 33/INDOS	THE STATE OF THE S	10.0					
2	Elementery/Secondary (0-12) College (1-4 or 5 +) 12 Cutter Leather									ina		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)											
	Robert Lee .	Jones	nes					Starl	iper			
BE (19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural	Ploute Numb	oer, City or Town	n, State, Zip Co	de)			
2	Charles L. Butts		16212	Woburn	Road, SI	harns	bura.	Maryla	and '	21782		
	20e. METHOD OF DISPOSITION		PLACE AND DATE OF	DISPOSITION (No		DATI		CATION — City				
	W. Burlel 2 Cremetion 3 Removal from State Commetor, Cremetory or other place) Mt. View Cemetery July 31,1996 Sharpsburg. MD.											
î	21. BIGNATURE OF TUNESTAL BERVICE LIGHTEE 22. NAME AND ADDRESS OF FACILITY											
	Osborne Funeral Home ,P.O.Box 348 Williamsport, MD.											
	23. PART L Enter he diseases, or co	mplicellone that caused	the death. Do no	enter the mo	de of dying, suc	h aa card	lamspo	ratory arrest		Approximats		
	IMMEDIATE CAUSE (Final Onset and Dasth											
		Hoxavi	10 /40	14100						ULVEAR		
	resulting in death) s.	HODGKIA DUE TO (OR AS A	CONSEQUENCE DF):	THOI	Λ					TAYOTAS		
z		DUE TO (UN AS A CONSEQUENCE UP):										
2	Sequentially list conditions, If any, leading to immediate											
CERTIFICATION	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury C.											
E	CAUSE (Disease or Injury thet initiated events resulting in death) LAST											
ER	d.				_							
AL C	PART II. Other significant conditions	contributing to death b	ut not resulting in	the underlyin	g cause given in	Part I.	24a, WAS AN	AUTOPSY	24b. WI	ERE AUTOPSY FINDINGS		
							PERFOR			AILABLE PRIOR TO DMPLETION OF CAUSE		
MEDIC						_	1 TYES 2	NO		DEATH?		
	DID TOBACCO USE CONTRI	RLITE TO CALISE O	F DEATH YES	Пиог	UNCERTAI	N \square			"	YES 2 ND		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH		JOHOLKIA							
Sic		HOSPITAL:		OTHER:	ne 5 Residence	0 Otho	a (Carolla)					
H	27. MANNEB OF DEATH	28e. DATE DF INJURY	28b. TIME	DF 28c. IN.	URY AT			NJURY OCCUR	ED			
	1 Naturel 5 Pending	(Month, Day, Year)	INJUI		YES 2 ND							
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, ferm, atr	eet, fectory, offic	•			and Number or	Rurel Rout	e Number,		
ш	4 Homicide determined	building, etc. (Spec	ny)			City	or Town, State)					
LET	290. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my know	edge, death occurred	at the lime, date	end place, and due	to the cer	ise(s) and mai	ner es stated				
COMPL	anal and								euse(s) er	nd manner as stated.		
1	2 MEDICAL EXAMINER: Do the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end man application of the ceuse(s) and man applications. Signature and Title OF Certifier 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, D.											
B	P. I Jal	Rus IL	Λ		138			▶ 7/	29/	9 (
2	30. NAME AND ADDRESS OF PERSON WHD	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F	rint)	١٥٥١	0 (22		//	2/1	<i>t</i> to		
	HAMELA FOX &	RANFOAD	mx	1799	HOWELL	R	Hm.	SERIT	Deh	1 MA DITH		
	31. DATE FILED (Month, Day, Year) JUL 2 9 1996	32. REGISTRAR'S SIGN	ATURE				/ /			· INSELLA		
	JUL # 0 1930	Almer in image	THE WAY									

X 11... =

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month KESSLER ALBERTA 96 06:50 AM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death WORCESTER ATLANTIC GENERAL HOSPITAL BERLIN 5. Social Security Number 7. Age (In yrs. last birthdey) 87 Yrs. If Under 1 Yeer If Under 24 Hrs. Hours Min. 8. Dete of Birth Month, Day, Year) 8 - 19 - 08 9. Birthplace (State or Foreign Country) 1 M 2 X F Days 140-14-5990 Usual Residence of Decedent 10b. County WORCESTER City, Town or Location BERL IN 10d. fnside City Limits MD/ Yes 2□No 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code 1 MEADOW STREET 21811 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 2 No if Yes, Give Year or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American indien, Bieck, White, etc. 1 ☐ Never Merried 2 ☐ Married Specify: WHITE 1 ☐ Yes 2 No Specify: 3 X Widowed 4 □ Divorced 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Coilege (1-4or 5+) Elementary/Secondary (0-12) SOCIAL WORKER HERBTH CARE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) JOHN P. DUIGAN REGINA P. HAAS 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) SILVER SRRING MD. LAUREL HOLMAN NEW HAMPSHIRE AVE. 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriai 2 ☐ Cremetion 3 ☐ Removal from State LOUDEN PARK CEMETERY 7-29 BALTIMOPRE, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Neme end Address of Fecility ULLRICH FUNERAL HOME MD. 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or hear feilure. List only one ceuse on each line. Approximate Interval Between interval Between Onset and Death immedlete Cause (Final disease or condition rasulting in death) bua to (or as a consequence of): Due to (or as a consequence of): tillure 1~2 Due to (or as a consequence of): myour 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

physician and the burial-transi

USB 88 ettending |

been signed by the should be detached

Be

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Medical

The lew requires that the death certificate be axecuted

Division of Vital Records, P.O. Box 68760,

permit. Page Department of Important: If any Injury or once.

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

10a State

Funeral

Director

Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryland nent of Heetth and Mental Hygiene.
ant: If item 27 is marked other than "natural", or items 23s or 28s-f show ury or other traumstic event, the Medical Examinal must be notified as

altimore, Maryland 21215-0020

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last Physician/Medical þ Completed

Part if. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part f.

28. Piaca of Daath (Check only one)

25. Was case referred to medical 1 Yes 2 No 27. Manner of Death

5 Pending Invastigation

6 Could not be detarmined

1 npatient 28a. Date of injury (Month, Day Year)

2 ER/Outpatient 3 DOA 28b. Time of

28e. Place of injury - At home, farm, streat, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Rasidance 8 Other (Specify) 28c. injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

29a, Cartifian (Check only one)

1 Natural

2 Accident 3 Suicide

4 ☐ Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the tima, data and piace, and due to the causa(s) and manner as stated.

2 Medical Examinar: On the best of examination and/or investigation, in my opinion, daeth occurred at the time, date and place, and due to the cause(s) end menner steted.

29b. Signeture end title of certifier

29c. License number

29d. Date signed (Month, Dey, Year)

30. Name and address of person who completed cause of daath (Item 23a) (Type, Print) 9733 Herlthway

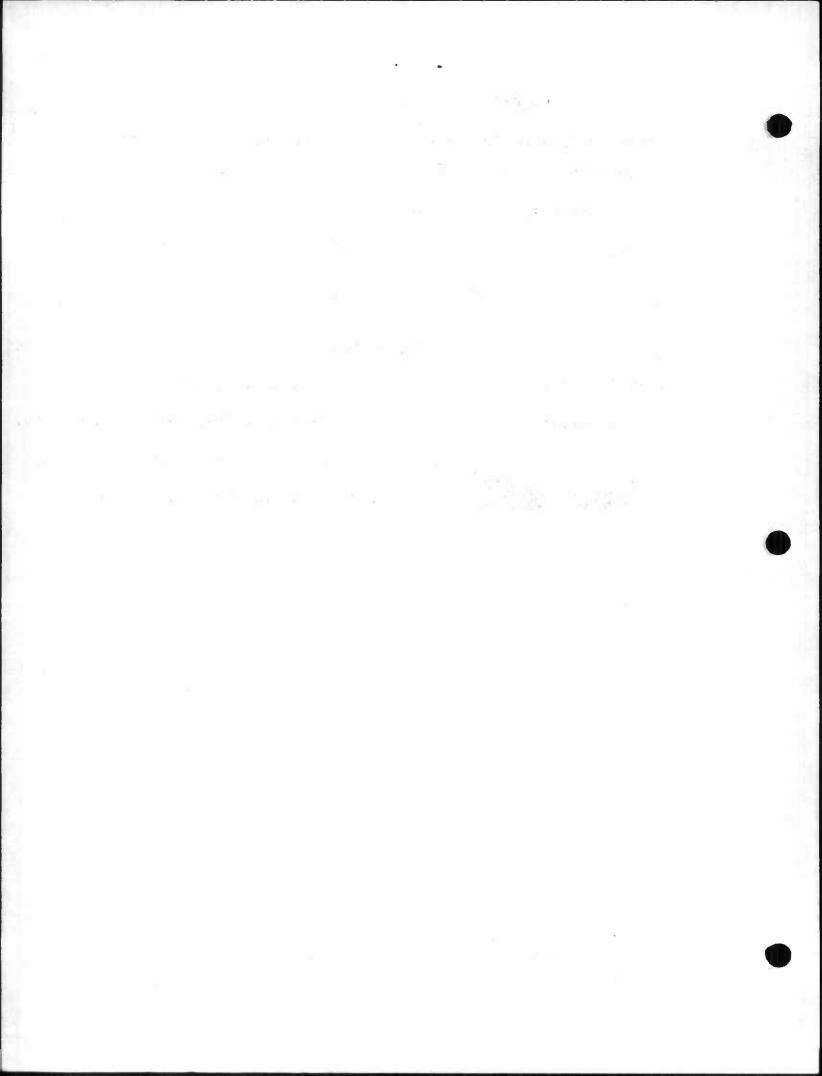
State Registrar 31. Date filed (Month, Day, Year)

JUL 26 1996

32. Registrer's Signature Tale Akudion Redall

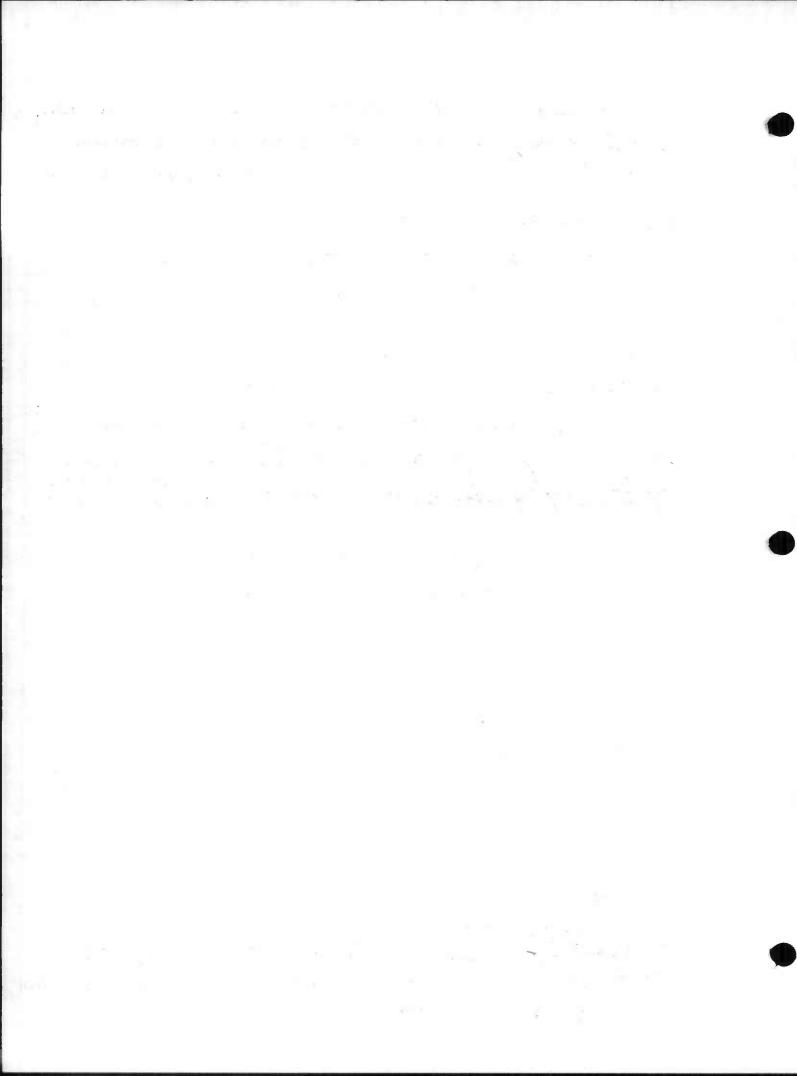
To the Hospital or Attending Physician: within 24 hours aftar death.

To the Funeral Director: After this certifica completely filled in by the funeral director;



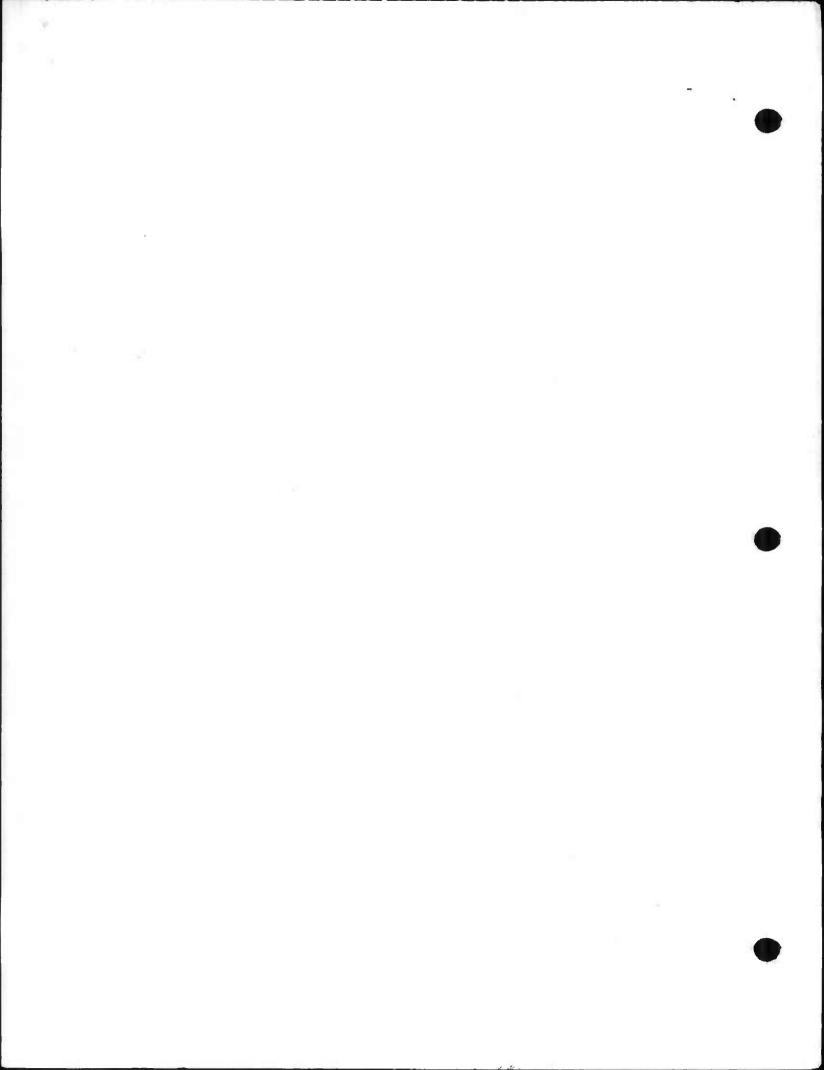
State of Maryland / Department of Health and Mental Hygiene 96

							Certificate of	f Death		Reg. No.				
			1. Decedant's Nama (First, i	Middla, Li	ast)				2. Data of D	eath	V. D.	3. Tima of Deeth		
	Physic /Medi		Jarrett	L.	Keller	Jarrett	Leigh K	eller	July	27	1996	12:11		
	Exami		4a. Facility Neme (If not inst	itution, gh			0 /		vn, or Location of Des			· Pin		
			1) riverity	of V	Mareland	Medical	System	Bal	timore	Bel	timo	re		
	Funeral		5. Social Security Number	6. 3	Sex 7. A	ge (In yrs. last bin		er If Undar 2	24 Hrs. 8. Date of B		9. Birthol	aca (Steta or Foreign		
	Director		None O		1X M 2□ F		Yrs. Months De	ys Hours	June 13		Mary	yland		
	ъ		Usual Residence of Dacede	nt					ouners	11330	11012			
	ylen		10a. Steta 10b. Co	ounty		10c. City, Town	n or Location				10	Od. Inside City Limits		
	Ma - Ma	ţ	Md. Was	shin	gton	Hage	rstown					1 Yes 2 No		
	4 28	i e	10e. Street and Number				10f. Zip Code	9		10g. Citizen of Whet Country?				
	h wit	Funeral Director	1421 Kensi	nat	on Dr. A	pt.304	21	742		U.S.A.				
	deet	ner	11. Maritai Status		12. Wes Decedan	Evar in U.S.			oin? (Specify Yes or N Puarto Rican, atc.)		ce - America			
0	or he	5	1 Never Merried 2□	Married	Armed Forces	(No			, Puarto Hican, atc.)	1	ck, White, e			
02	urs	Ď	3 ☐ Widowed 4 ☐ Dive	orced	If Yas, Give Yeer or Dates	If Yas, Give 1 ☐ Yas 2 ☑ No Specify: Yeer or Dates:				Specify: White				
21215-0020	filed within 72 hours efter deeth with the Maryland Hygiene. Ifter than "natural", or ferme 23s or 28e-f show ont, the Medical Examiner must be notified at	Completed		edent's E		16e.	Decedent's Usuel Occ	cupetion	-duradita a	16b. Kind of B	usiness/Ind	ustry		
21	hin .	pe	Elementary/Secondary (0-	-	eda completed) College (1-4or	5+)	(Give kind of work don life. DO NOT use ret	ne during most ired)	or working					
21	filed with Hygiene. Wher than	NO.	None				None			None	3			
b	of Hy	Be	17. Father's Neme (First, Min	ddia, Lasi)			18. Mother	r's Name (First, Middl	ame (First, Middle, Meiden Surneme)				
iai	should be nd Mentel merked c	To	Mark A. Ke	elle	r			Mar	y C. Mar	tinez				
Maryland	2 should be end Mentel is merked of aumetic eve	-	19e. Informent's Neme/Rele	tionship (Type, Print)	19b	Mailing Address (Stre	et and Numbe	r or Rural Route Num	ber, City or Town	, Stete, Zip	Code) 21742		
	parmit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Marylen Department of Health end Mentel Hygiene. In the part of them 23 a or 28e-f show mportant; if item 27 is marked other than "natural", or items 23a or 28e-f show my Injury or other traumatic event, the Medical Examiner must be notified at ance.		Mark A. Ke	11e	r (Fathe	r) 14:	21 Kensir	naton	Dr.Apt.3	04 Hage	ersto			
Baltimore,	f He moth		20a. Method of Disposition			20b. Place of	Disposition (Name of y, crametory or other p			20c. Location				
E O	Peges nent of I int: If its iry or o		Donation 5 Oth			Smith	sburg Cen	neterv	1.1996	Smithel	hura	Md		
E	Department mportant: If mportant: If any Injury once.		1. Signature of Funaral Ser		-		22. Name and Add							
B	parmit. Departn Imports any Inju			. 79	RAI					25 Brad	bury	Ave.		
			- Cun	01	1.700	ww	Davis Fu		Smi	thsburg	,Md.	21783		
J.			23a. Part1. Enter the disees shock, or heart feilura.	List only	one ceuse on each	ine.	not entar tha mode of c	tying, such as o	cardiac or raspiratory	arrest,		Approximate Interval Between Onset and Death		
	Physician /Medical		Immediate Cours (Circle					0	.\			Criset and Death		
1	Examiner		Immediate Cause (Finel diseesa or condition resulting in daath)		. Sec	osis (probable	. tuna	35()					
ш		,	resoning in datably			Due to (or as a c	consequence of):		0 -		. !			
	Bd sit	를		-	b. Mita	el Value	Disease	States	post re	Dlaceme	12			
	and I-tran	Examiner	Sequentially list conditions,		(
60,	oe e) clan ouria		Sequantially list conditions, if eny, leeding to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events		C. ————————————————————————————————————									
68760,	law requires that the death certificate be executed to see some seek that the stending physician and a should be deteched for use as the burial-transit	Medical	that initieted events resulting in death) Last											
9 x	ing p			L	d									
Box	eath ce attendi	Physician/			u									
0.	that the death ed by the atte detached for	sic	Pert II. Other eignificant cor	ditions	contributing to death	but not resulting in	the underlying cause	given in Pert I.	23b. Die	d tobacco use co	intribute to	the cause of death?		
P.	at the	Ph	Dellaron	<i>~</i> ~.	4.00	-2006	- 1		10	Y00 25 No	3 Prob	ably 4 Unknown		
Ś	signed of		(0 (4 4 10)	4	119/00	70(3.0	<i></i> (
Records,	been si	Completed by	Patat	U	2	~ 1.1	0			s an autopsy formed?	ave	re autopsy findings iliable prior to		
ec.	hes be	ple	(41641		DOLEWIEL	0000	_					npletion of cause leath?		
œ	The I	E							1)	Yes 2□No	10	Yes 2000		
ta	delan: The certificate rector, pag	Be	25. Was case referred to me	dical				26. Piece	of Death (Check only	one)				
of Vital	Physician: The la this certificate he rel director, page	TOE	examiner? 1 ☐ Yes 2 No		Hospital:	ient 2 ER/Ou	tpatient 3 DOA	Other	rsing Homa 5 🗆 Ra		ner (Snecifu	1		
			27. Manner of Deeth		28a. Dete of In	ury 28b. T	ime of 28c. In			how injury occur		<u>, </u>		
0	th.	ţ	1 Netural 5 Pe	ending vastigatio	n (Month, D	ey Year) Ir	, ,	Vonk? ☐Yes 2☐N	No					
Division	Attending r death. ector: After by the fune	Certification:	3 ☐ Suicide 6 ☐ C	ould not b	e 28a. Placa of Ir	jury - At homa, fe	rm, street, factory, offic	00	28f. Location	(Street and Numi	ber or Rural	Route Number,		
Ö	effer Oliver d in b	en	4 ☐ Homicide	, torring o	building, e	(c. (Specify)			City or To	own, State)				
	epita nours neral	- r	29e. Certifier	tifving Ph	vsician: To the bes	of my knowledge	, deeth occurred at the	time, dete and	I plece, and due to the	e cause(s) and m	annar as str	ated		
	Hon Fur	edical	(Check only 2 Med	Ical Exam	niner: On the basis	of examinetion and	for investigetion, in m	y opinion, deet	h occurred et the time	, dete end place,	and due to	the cause(s)		
	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral	N N	29b. Signature and title of og	gtilling /	1		29c. Lica	insa number		29d. Dete signe	ed (Month, L	Dey, Year)		
	F S F Ö		115	< T			7	050	845		book	2/-		
		0	NO Name and a	->W	S M.	<i>1</i> >.		050	017	-//	21/7	Q		
					mpleted cause of	death (Item 23a) (Type, Pript)	77 5	Green St	211.		0.1		
			31. Dete filed (Month, Dey,)				200 mm	UC 3,	Green 3	T DE M	more,	1110 0101		
	Sta Registr		ANL 3		196 July 1	rar's Signeture	dall							
	negisti	ul	JUL &	TE	00									



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	FINERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	lied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate ha	be filed within 72 hours after death with the State D	IMPORTANT: If item 28 is marked, or item 3	

•	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		D MEI	NTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH		3.	TIME OF DEATH	
		1. KENDA	LL				July 29	199	6 1	.1:26p M	
			(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR		DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign	
1	221 20 3217	1 ⊠ M 2 □ F 96	9 YRS.			J.	an 25 18			sburg, MD	
Œ	90. FACILITY NAME (If not institution, give street Homewood Retireme			96. CITY, TOWN	iamspor		Washington				
570	RESIDENCE OF DECEDENT	nt Genter		MITT	Tamspor			wastiffigeon			
DIRECTOR	10e, STATE 10b, COUNTY			10c. CITY, TOWN OR LOCATION					10d, INSIDE C LIMITS?		
	MD Washi	ngton	W1	lliamspo	. ZIP CODE	_			YES 2 NO		
FUNERAL	16107 Elliott PKW	Υ		10	21795			10g. CITIZ	USA	AT COUNTRY?	
N N		N U.S. ARMED	13. WAS DEC	ENDENT OF HIS	PANIC O	RIGIN? (Specify Yes	or No —	14. RACE -	American Indian,		
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 X YES			ecify Cuben, Mea 2 X NO Sp		arto Rican, atc.)		Specify:	Vhita, etc.	
	15. DECEDENT'S EDUCA	WW II	16a DECEDENT'S	USUAL OCCUPATI	OM .		16b. KIND OF BU	PINECO (IND)		hite	
COMPLETED	(Specify only highest grade c	Ompleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during me	st of working		IOU. KIND OF BU	SINESS/INDU	SINT		
MPL	5		Electri	cian			Milita	ry In	stal]	lation	
00	17. FATHER'S NAME (First, Middle, Last)						First, Middle, Maiden	Surname)			
BE	Abraham Kendall 190. INFORMANT'S NAME (Type/Print)				Ida T						
2											
	20s. METHOD OF DISPOSITION	201	PLACE AND DATE	OF DISPOSITION /N	ime of	iger					
	1 X Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	rei from Stata cen	ethel Ch	urch Cem	etery		8/2 Cas	cade, MD 21719			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME A	D ADORESS OF						
	James A. Bowersox Grove Funeral Home, Inc. 50 S. Broad St Waynesboro PA 17268										
	23. PART I. Enter the diseases, or co shock, or heart fellure. Li	mplications that cause ist only one cause on a	d the deeth. Do	not enter the mo	de of dying, a	uch ss	cardlec or respi	ratory erre	st,	Approximate interval Between	
- 1	iMMEDIATE CAUSE (Finel disease or condition	_								Onset and Death	
	resulting in death) s.	Pneumonia	- Aspin	cation						days	
z	OUE TO (OR AS A CONSEQUÊNCE OF):										
CERTIFICATION	Sequantielly list conditions, if any, leading to immediate	OUE TO (OR AS A	A CONSEQUENCE C	PF):							
	cause, Enter UNDERLYING CAUSE (Disease or Injury that initisted eventa	DUE TO (OR AS /	A CONSEQUENCE O	PF):							
E	resulting in death) LAST			,							
	PART ii. Other aignificant conditions	contributing to deeth t	out not resulting	in the underlyin	r ceuse alven	in Part	I. 24s. WAS AN	ALITOPOV	245 W	ERE AUTOPSY FINDINGS	
N S	Dementia , H			in the underlyin	g couse given	WI Fait	PERFOR	IMED?	AV	AILABLE PRIOR TO DMPLETION OF CAUSE	
Ē	Atrial Fibri						1 🗌 YES 2	X NO	Of	DEATH?	
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR	BUTE TO CAUSE C	F DEATH Y	ES NO E	k UNCERTA	AIN [
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	TH (Check only one)							
IYSI		1 - Inpetient 2 - ER/Outp		4 Nursing Horr							
4	1 🔀 Natural 5 🗌 Pending	(Month, Day, Year)	26b, TIA	JURY WO	URY AT RK? /ES 2 NO	28d	I. DEŞCRIBE HOW I	NJURY OCCI	JRED		
ЭВУ	2 Accident Investigation 3 Suicida 6 Could not be	26a. PLACE OF INJURY	— At home, farm,			281.	LOCATION (Street a	and Number o	r Rural Rout	e Number,	
COMPLETED	4 Homicide detarmined	building, atc. (Spec	cny)				City or Town, State)				
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of my know	ledga, daath occur	ed at the time, date	and place, and o	due to th	e cause(s) and mar	mer as state	d.		
SO		On the basis of examination	n and/or investigation	on, in my opinion, d	eath occured at	the time,	data and place, an	d dua to the	cause(s) ar	nd manner as stated.	
BE (29h. SIGNAPORE AND TITLE OF CERTIFIER)			29c. LICENSE I					onth, Day, Year)	
5	30 NAME AND ROOMESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH /ITEM 27 /5-	- Print)	D26	806		Ju	1y 3	30, 1996	
	Allan W. Ditto				e Ha	ger	stown	MD 2	1742		
I	31. DATE FILED (Month, Day, Year) AUG 0 5 1996	32 AEGISTRAR'S SIGN	ATURA		- 114	502	200411	2	1172		
	AUG 0 5 1996	your divided	or worker!								



State of Maryland / Department of Health and Mental Hygiene 96 23582

		14			C	ertificate of	Death		R	eg. No.			, , , ,
Phys	ician	1. Decedant'a Nama (First, M	liddla, Last)	WILLIAN	м м.	Lu	ynch	2.	Data of Deat Month	th _	Year		of Death
	dical	PENINSULA RI 4a. Facility Nama (If not instit	EGIONAL ME					LISBU	July		996		025
Exam	niner	4a. Facility Nama (If not instit	ution, giva street and	number)	LIVELIN		4b. City, 48	WH, OPLUCE	of Death	4c. County	of Death	60	
			1	-		T. Witted and March		SBURY					
Funer	_	5. Social Sacurity Number	6. Sax 12 M 2 □		rs. last birthdi	Months Days		Min	Data of Birth (Month, Day,	Year)	Cour	ntry)	a or Foraign
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and		10a. Stete 10b. Con		10c.	City, Town or	Location					1	Od. tnsida	City Limits
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the M	Director	10e. Street and Number			111.	10f. Zip Coda			1	0g. Citizan of	What Cour	ntry?	
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21215-0020 I within 72 hours effer death with the Maryland liene. Then "netural", or items 23a or 28e-f show the Maryland and the Maryland at	by	3 ☐ Widowed 4 ☐ Divo	. If Yas	, Giva A or Datas:		1 □ Yas 27 No	Specify:			Specif	v: WH	HITE	
21215-0020 d within 72 hours ef glene. or than "natural", or the man "natural", or the m	Completed		dant's Education		16a. De	cedant's Usuai Occi iva kind of work done	pation			16b. Kind of B	usinaas/in	duatry	
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should be filed and Mental Hygin marked other immatic event, if	2	PAUL ALV	IN LYNCH					BEATR	RICE	COLLIN	S		
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		MARIE S. LY	NCH			GUMBOR	ROAD	, PITT	SVILLE	E, MD.	21850		
Saltimore, I semit. Pages 1 enc Department of Healt mportent: If Item 27 Iny Injury or other		20a. Mathod of Disposition	an 3 Demoval for		b. Place of Dis cematary, o	sposition (Nema of tramatory or other pl	ace)		Data	20c. Location	City or To	wn, Stata	
Pag nent unt: It		4 Donation 5 Otha			PITTSVI	LLE CEMET	CERY	7	/28 F	ittsvi	11e.	Md.	
baltimor permit. Pages Department of H important: If the any injury or of	ouce.	21. Signature of Funaral San	Ica Licensaa) (7	22. Nama and Add							
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Examine	er	rasulting in death)	a	Sue to	o (or es a con	sequence of):	7	_/			1		
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ysician: The secreticate director, pag	Be	25. Was casa rafarred to med axaminer?	licai		•	-	26. Placa	of Death (C	heck only on	na)			
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Hospital 24 hours Funeral stely filled	edicai	29e. Cartifiar 1 Certi (Check only 2 Medi	fying Physician: To cai Examiner: On th	tha bast of my le	knowledge, de	eth occurred at that	tima, data an	d place, and	dua to the co	ausa(s) and mi	annar as a	tated.	a(a)
To the Hospital or within 24 hours after To the Funeral Dir completely filled in	Med	one)	and n	nannar atated.									
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THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE

State of Maryland / Department of Health and Mental Hygiene

23583

Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Dete of Death 3. Tima of Deeth Day **Physician** Month Year 1996 LOGAN JULY 19 3:15 PM /Medical 4a. Facility Nama (If not institution, give street and number) 4b City Town, or Location of Death 4c. County of Death Examiner Salisbury, Salisbury Center; Genesis ElderCare Md. WIcomico if Undar 1 Yeer If Under 24 Hrs. Hours Min. 5. Sociel Security Number 6 Sax 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days 1 □ M 2 1 F Director Yrs. 182-18-2288 NOV. 14,1919 MD 76 Usual Rasidance of Decedant filed within 72 hours after death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits event, the Medical Examiner must be notified at Yas 2 No Director WICOMICO SALISBURY or 288-4 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? items 23s 1103 EAST MAIN STREET 21804 U.S.A. by Funeral 12. Was Decedant Evar In U,S. Armed Forces? Was Dacadant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. 1 ☐ Yas 2 ☐ No If Yas, Giva Year or Dates: 1 Navar Married X Merried Baltimore, Maryland 21215-0020 ŏ 1 ☐ Yas 2 No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced "naturel". Completed 16b. Kind of Business/Industry 15. Decedant's Education 18e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) (Specify only highast grada complated) other than Elamantary/Secondary (0-12) Collaga (1-4or 5+) HOUSEWIFE OWN HOME Hygi permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Nem 27 is marked oths any injury or other traumatic event. 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middla, Malden Sumama) Be P THEODORE J. WALBERT RUBY JEWELL 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) W. ROBERT LOGAN 1103 EAST MAIN STREET, SALISBURY, MD. 21804 20a. Mathod of Disposition 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata 1 Surial 2 Cremetion 3 Ramoval from Stata 7/23 5 Other (Specify) WICOMICO MEM. PARK SALISBURY.MD. of Funeral Service Licenses 22. Nama and Address of Fecility BOUNDS FUNERAL HOME, SALISBURY, MD. 21804 allul Part 1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physician** /Medical Immediate Causa (Final disaasa or condition rasulting in daath) Examiner Dua to (or as a con Examiner The law requires that the death certificate be executed burial-transit Sequentially list conditions, if eny, laading to immadiata causa. Entar Underlying Causa (Disaase or injury that initiated events rasulting in daeth) Last pue Dua to (or as a consequence of): physician the burial Box 68760, Physician/Medical Dua to (or as a consaguanca of): signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings evailable prior to Completed 24a. Was an autopsy peed complation of causa of daath? has 1 ☐ Yas 2 M No 1 ☐ Yas 2 ☐ No certificate or Attending Physician: Be 25. Was case referred to medical 26. Place of Daath (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred Certification: After 5 Panding Invastigation 1 Matural 1 🗌 Yas death. 2 Accidant after death Director: / 6 Could not be 3 ☐ Sulcida 28f. Location (Streat and Numbar or Rural Route Numbar, City or Town, State) 28e. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) in by 4 Homicida within 24 hours a To the Funeral C edicai 29a. Cartifiar 1 Cortifying Physician: To tha bast of my knowladga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. 2 Madical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. To the 29b. Signature end title of cartifier 29c. License number 29d. Data signed (Month, Dey, Year) D-29349 10 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) w M.D., 1104 HEALTHWAY DR, SALISBURY, MD. 21804 WILLIAM ROBINS, 32. Begistrar's Signatura State

Registrar

the second residue to the

State of Maryland / Department of Health and Mental Hygiene 96 23584

					Ce	ertificate d	of Death		Reg. No.	- Imp	0001				
			1. Decedent's Neme (First, Middle, La	st)				2. Date of De	eath		3. Time of Death				
	Physic		Calvin Earl	Leonard				July 2	24, 1996	Yaar	0530				
	/Medi Exami		4a. Facility Neme (If not institution, give				4b. City, Town, or				0330				
1	Exami	ilet	The second secon												
н		-	5. Social Sacurity Number 6. S		s. last birthday	If Undar 1 Ye	Suitla Bar If Under 24 Hrs	and		nce Geo					
п	Funeral Director			7 2 F 7		Months Da		(Month, De			e (State or Foreign				
	Director		205-16-2548 Usual Residence of Decedant					July 2	9, 1924	New Je	ersey				
	and **		10a. State 10b. County	10c. (City, Town or I	ocation				10d	. Inside City Limits				
	Aaryl sho	5	Maryland Prince		Suitla					1.00	1 ☐ Yes XX No				
	Pe Pe	5		George 5	Dul Cla										
	£ 8	Director	10e. Street and Number			10f. Zip Cod	e		10g. Citizen of	What Country	7				
	23a	<u>a</u>	6505 Clayton Lan	e Drive		2	0746		United :	States					
	72 hours effer deeth with the Maryland natural, or items 23a or 28a-f show diest Examiner must be notified at	Funerai	11. Marital Status	12. Was Decedant Evar In Armed Forces? 1		. Was Decedant	of Hispanic Origin? (5 Suban, Maxican, Puer	Specify Yas or No		ce - Amarican ck, White, etc.					
0	or h		1 Nevar Married 25 Married	Mas 2 No 1	943	1□ Yes 2□		, , , , , , , , , , , , , , , , , , , ,							
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21215-0020	hin.	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT use re	tired)	rking							
2	filed within Hygiene. ther then ent, the Me	0	12		Sa	fetv Sup	ervisior		Washing	aton Ga	as & Light				
	off Hy	Be	17. Father's Name (First, Middle, Last,)				me (First, Middle							
<u>a</u>	Mental Mental arked o	ToE	Emil Leonard				Winifre	ed Brook	man						
Maryland	2 should and Man is marke aumstic	-	19a. Informant's Name/Reletionship (Type, Print)	19b. Mai	ling Address (Str	eet and Number or R			. State. Zip Co	ode)				
Ž	C1 0 0 0		Mary E. Leonard								nd 20746				
0	item 27 other tr		20a. Method of Disposition	20b	Plece of Disp	5 Clayto	n Lane Dr	ive, Sui	tland.						
0	Peges nent of I nt: If its iry or o		15 Burial 2 ☐ Cremation 3 ☐	Removal from State	cemetery, cr	ematory or othar	place)				17 1769				
ij	tmer tent		4 Donation 5 Other (Specif				tery July								
Baltimore,	permit. Peges Department of Important: If it any injury or once.		21. Signature of Funaral Servica Licar	nsaa O O - A	1000		dress of Fecilityee				3 Old				
	20 E = 0		(Charles)	L. Belan	A	lexandri	a Ferry Ro	oad, Cli	nton, Md	20735					
			23a. Part1. Enter the diseasa, or com	plications that caused the de	ath. Do not e	nter the mode of	dylng, such as cardie	c or respiretory e	rrest,	A	pproximete				
	Physician		shock, or heert failura. List only	one cause on each lina.			1			lni Oi	iterval Between				
	/Medical		fmmediate Cause (Final	1/001	lini	2	1204	1,							
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	pe tied	듩	0.												
	and al-tra	Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Cause (Disease or Injury c.												
9	be ed iciam														
68760,	certificate be executed ding physician and se es the bunel-transit	Medicai	resulting in death) Last	Due to (or as a consequence of):											
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Bo															
-	0 0 0	sic	Part II. Other significant conditions of	ontributing to death but not re	23b. Dld	tobacco use co	ntribute to th	ne cause of death?							
P.0	requires that the de- seen signed by the a should be deteched it	Physician			10	Yes 2□ No	3 Probab	oly 4 Unknown							
	s the	by													
ecords,	n sig								en autopsy	24b. Wera	autopsy findings				
8	33 89	Completed						perio	omad?	comp	able prior to eletion of cause				
Re	e law has t	m m								of dea					
a	: The licate he							10	Yas 2 No	1 U Y	'as 2□ No				
Vital	Physician: The this certificate ral director, par	Be	25. Was case referred to medical examiner?	Manakati				ath (Check only	one)						
of	Physic this c	2	1 ☐ Yas 2 ☑ No	1	☐ ER/Outpatio	BUIL SEL DON		loma 5 Resi	dence 6 □Ott	ner (Specify)					
		:uo	27. Manner of Death □ Naturel 5 □ Pending	28a. Dete of Injury (Month, Day Year)	28b. Time fnjury	of 28c. I	njury at Work?	28d. Describe	how Injury occur	red					
.0	Attending or death.	ati	2 Accident Investigation	1			Yes 2 No								
Division	or Attended the death of the de	Certification:	3 Suicide 6 Could not b	28e. Placa of Injury - At building, etc. (Spec	home, farm, s	treet, fectory, offi	ce	28f. Location (City or To	Street and Number State	ber or Rural R	oute Number,				
Ö	s efter I Direct od in by	Ser	12.101115.05	building, etc. (Spec	aly)			Only or 10	wii, Olaloj						
	To the Hospital or within 24 hours elter To the Funeral Direction		29a. Certifier 1 Certifying Ph	ysician: To the best of my kr	nowledge, dea	th occurred at the	e time, date and place	and due to the	cause(s) and me	enner as stete	ad.				
	P. Fu	edicai	(Check only 2 Medical Exam	niner: On the basis of examinant and manger stated.	nation and/or i	nvestigation, In n	y opinion, death occu	urred at the time,	date and place,	and due to the	e cause(s)				
	To the Within 2 To the comple	Me	29b. Signature and title of certifier		7	29c. Lic	ense number		29d. Dete signe	ed (Month, Dar	v. Year)				
	F ≱ F 8		b////Arkas	1/10-) ,	h -	11011								
			TIMORY	0/000	1	1)	W145)	July ,	90,4	6				
			30 Neme and address of person who	,			,								
			Michael D. Lev.	/		Ave, #	409, Clint	con, Md	20735						
	Sta	ite	31. Date filed (Month, Day, Year)	32. Registrar's Sig		0									
	Registr	10'	/ /-	1000: 11: 1	S. mleant	0 4-1-11									

DHMH 16 Rev 6/95



State of Maryland / Departme

Department of Health and Mental	Hygiene	96	2:	35	8	5
Certificate of Death	Reg. No.					

Physician
/Medical
Examiner

1. Decedent's Nama (First, Middla, Last)

2. Data of Death

3. Time of Death Day Month Year 1996

Director

Funeral

þ

Completed

Be

CHRISTOPHER LOUIS LUTZ 4a. Facility Nama (if not institution, giva streat and number)

MALCOLM GROW MEDICAL CENTER

XXM 2 F

JULY 28, 4b. City. Town, or Location of Death

6:50 P.M. 4c. County of Death

Funeral Director

28a-f show

Pages 1 and 2 should be filed within 72 hours efter death with the Merylei nant of Heelth and Mentel Hygiene.
Int: If Item 27 is marked other than "natural", or Items 23a or 28af show Jry or other traumatic event, the Medical Examiner must be notified at

permit. Pages 1 end 2: Department of Heelth as Important: If Item 27 Is any Injury or other tras

Physician /Medical

Examiner

sician end buriel-transit

physician

signed by

page

certificate

this funerai

After

s efter death.

within 24 hours e To the Funeral D completely filled

filled in by

the

The law requires that the deeth certificete be executed

P.O. Box 68760,

Records.

Division of Vital

Hospital or Attending Physician:

ro the

Examiner

Physician/Medical

þ

Completed

Be

Certification: To

edical

21215-0020

Baltimore, Maryland

death with the Merylend

194-12-1128 Usual Rasidenca of Dacadant 10a. Stata 10b. County

Days Yrs.

CAMP SPRINGS
or If Under 24 Hrs. 8. D
s Hours Min. 8. Data of Birth (Month, Day, Year)

PRINCE GEORGES Birthplaca (Stata or Foreign Country)

10c. City, Town or Location

NOVEMBER 14, 1923

U.S.A.

PA

5. Social Security Number

Camden

AAFB

7. Aga (In yrs. last birthday)

10d. Inside City Limits 1 Yas 2 No

NEW JERSEY

BERLIN

10f. Zip Coda

If Undar 1 Yaar

10g. Citizan of What Country?

36 SOUTH ROSE LANE 11. Marital Status

12. Was Dacedant Evar in U,S. Armed Forcas?

08009 Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Specify:

14. Race - American Indian, Black, Whita, atc. Specify:WHITE

1 ☐ Nevar Married Married 3 ☐ Widowed 4 ☐ Divorced

Vas 2□ No if Yes, Giva Yaar or Datas:Korea 15. Decedant's Education

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired)

16b. Kind of Business/Industry

(Spacify only highast grada completed) Eiamantary/Secondary (0-12) 11

College (1-4or 5+) N/A

Sheet Metal Worker

1 Yas 2 No

Hot Pack Corp.

17. Fethar's Nama (First, Middla, Last)

Louis Lutz

18. Mothar's Nama (First, Middla, Maldan Sumama) Lillian Benjamin

19a. Informant's Name/Raiationship (Type, Print) Anita Lutz (Wife)

19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 36 South Rose Lane Berlin New Jersey 08009

20a. Method of Disposition

1 ☐ Burla! 2 Kramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify)

20b. Piaca of Disposition (Nama of cematary, cremetory or other place Crematory

20c. Location - City or Town, Stata Camden New Jersev

Harloigh Cemetery / July 31,1996 22. Nama and Addrass of Facility

Lee Funeral Home, Inc.

6633 Old Alexandria Ferry Rd Clinton, Md 20735 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line.

Immadiata Causa (Final disaasa or condition rasulting in death)

a. ASYSTOLIC_ARREST

Due to (or as a consequance of):

Sequantially list conditions, if any, laading to immediate causa. Enter Undarlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last

b. CORONARY ARTERY DISEASE Dua to (or as a consequence of):

Dua to (or as a consaquanca of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contributa to the cause of death? 3 Probably W Unknown 1 Yes 2 No

24a. Was an autopsy

24b. Wara autopsy findings avaliable prior to complation of causa

1 Yas 2 X No

26. Placa of Daath (Check only ona)

1 Yas 2 No

Approximate Intarval Batwe Onsat and Death

25. Was casa rafarred to medical examinar≀ XXYas 2□ No inar?

Hospital: 28a. Deta of Injury (Month, Day Year)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Tima of

28c. injury at Work?

Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 28d. Dascribe how injury occurred

Mannar of Death 5 Pending Invastigation 2 Accident 6 Could not be 3 Suicida Place of Injury - At homa, farm, straet, factory, office building, atc. (Specify) 4 - Homicide

1 Yes 2 No

28f. Location (Street and Number or Rural Routa Number, City or Town, Stete)

29a. Certifian

Certifying Physician: To the best of my knowledge, deeth occurred at the tima, data and place, and dua to tha causa(s) and manner as steled.

Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, deta and place, and dua to the causa(s) and manner stated.

29c. Licansa number

29b. Signature and title of gertifier

29d. Data signed (Month, Day, Year)

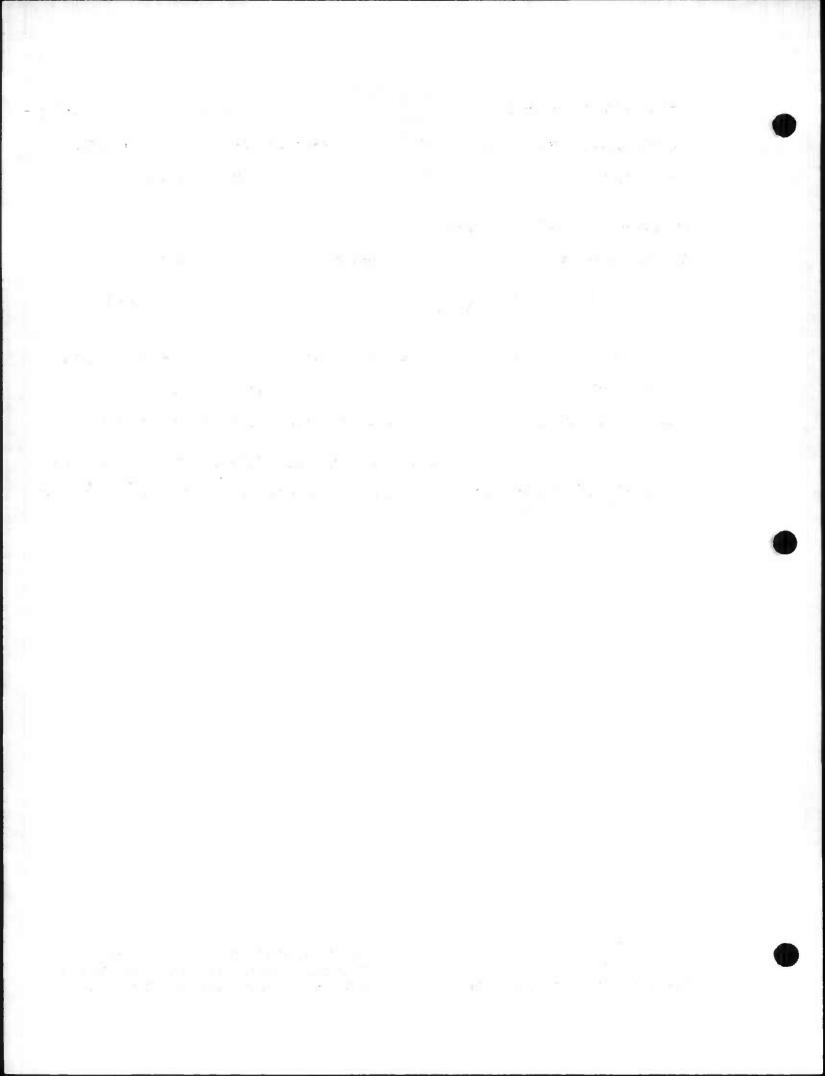
94-278552-1205 UTAH JULY 28, 1996 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) 89 MEDICAL GROUP 1050 WEST PERIMETER ROAD

CRAIG P. PATTEN, CAPT, USAF, MC 31. Data filed (Month, Day Yea)

ANDREWS AIR FORCE BASE MD 20762-6600

State Registrar 1996 32. Registers Signeture, Julia Dawdson Radall

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Deeth 3. Time of Death Month Yeer **Physician** JR. LEE ROBERT EDWARD 1325 JULY 25 1996 /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Washington County Hospital Hagerstown Washington if Undar 24 Hrs. 8. Dete of Birth
(Month, Dey, Year) if Under 1 Year 5. Sociei Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1 1 M 2 □ F Months Days 76 Yrs. 213 10 6557 Director MERYLAND Usuel Rasidance of Decedent death with the Meryland permit. Pages 1 end 2 should be filed within 72 hours efter death with the Merylan Department of Health and Mentel Hygiene.
Important: If item 27 is marked other than "natural", or items 23s or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once. 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits MD Washington Hagerstown 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 657 Forest Drive 21740 USA Funeral 11 Marital Status Wes Decedent Evar in U,S. Armed Forcas? Was Dacedant of Hispenic Origin? (Specify Yes or No-If Yes, spacify Cuben, Mexican, Puarto Rican, etc.) 14 Race - American indien Biack, White, etc. 1 Naver Merried 2 Married 1X Yas 2 If Yes, Give 2 □ No altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: þ 3 Widowed 4 □ Divorced Yeer or Datas: 1942-46 Black
16b. Kind of Business/Industry Completed 16e. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) Eiementery/Secondery (0-12) Coilege (1-4or 5+) 8th Machinist Railroad 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Robert Edward Lee.Sr. Annabelle Bennett 0 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. informent's Neme/Reletionship (Type, Print) 657 Forest Drive Hagerstown, Maryland 21740 Ms.Margaret Young 20e. Method of Disposition 20b. Plece of Disposition (Neme of cematary, crematory or other plece) $C \in \mathbb{M}$. 20c. Location - City or Town, State 1 ☐ Removei from Stete 7/30/96 Cumberland.MD 4 ☐ Donetion 5 ☐ Other (Specify) Rocky Gap Veterans 22. Name end Address of Facility 21. Signatuşe Funerei Sarvice Licensa Watsons Funeral Home WBethel St. 24 Hagerstown, MD 21740 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errast, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset end Death Physician Immediete Cause (Finel diseesa or condition resulting in death) /Medical Examiner Examiner certificate be executed the buriel-transit and Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Cause (Diseesa or Injury to (or as a consequence of) P.O. Box 68760. physician Physician/Medical thet initieted events rasulting in deeth) Lest Due to (or as a consequence of) 28 esn signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? peed certificate hes 1 Yes 2 No 1 Yes 2 No director, 25. Wes case referred to medical examiner? Be 28. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 Impatiant 2 ER/Outpetient 3 DOA this 27. Menner of Deeth 28a. Date of injury (Month, Dey Year) 28b. Time of injury 28c. Injury et Work? 28d. Describe how injury occurred After t Certification: 1 Neturel 5 Panding Investigation if or Attanding selfer deeth. 1 Yes 2 No 2 Accidant 6 Could not be determined 3 ☐ Suicida 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 | Homicide To the Hospital or within 24 hours eff To the Funeral Di completely filled in 29e. Certifier 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) and menner as steted.
2 Medical Examinar: On the best of axemination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end mannar stated. Medical (Check only one) 29b. Signeture 29d. Dete signed (Month, Day, Year) title of certifier 29c. License number ad address of person who 31. Dete filed (Month, Day, Year) 32. Registrer's Slaneture State Jali Ducker Randall

Registrar

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. In flowing the feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / CE	DEPART	MENT (OF DE	LTH AN	D ME	NTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last	9							DATE OF DEATH			3. TIME OF DEATH	
ij	MARTHA ANN	LOWERY							July 26		YEAR 96	4:00 ^A	
- 3	4. SOCIAL SECURITY NUMBER	The second secon	GE (In yrs. lest		ONTHS D		UNDER 24 HR		DATE OF BIRTH (Month, Day, Year)		8. BIRTNI Country	PLACE (State or Foreign	
	220-58-3750 9s. FACILITY NAME (If not institution, give	1 M 2 XF	82	YRS.				N		1913		T VIRGINIA	
Œ				1	b. CITY, TO		OCATION OF			9c. COUN	ITY OF DE		
DIRECTOR	57 BROADWAY ST	REET					IAGER	STON	<u>IN</u>		WASI	HINGTON	
E	10a. STATE 10b. COUN			10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
	MARYLAND 100. STREET AND NUMBER	WASHINGTON	1	HAGERSTOW								1 X YES 2 NO	
FUNERAL	57 BROADWAY STR	ल्ह्या				10f. ZIP		7.40		10g. CITIZ		HAT COUNTRY?	
N N	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARI	AFD.	12 444.0	DECEMO		740	DICING (Canala, Van	No.		5.A.	
	1 Never Married 2 Married	FORCES? 1 Y	ES 2 N	2 NO If yes, specify Cuben, Mexican					erto Rican, etc.)	or No-	Black	- American Indian, White, etc.	
B	3 🔀 Widowed 4 🗌 Divorced	0.32			'-	12322	g no sp	ouny.			Specif	WHITE	
COMPLETED	16. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	(GA	EDENT'S U	rk done durii	PATION ng most of	working		16b. KIND OF BUS	INESS/IND	USTRY		
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe.	Do NOT use		ZTID.							
<u> </u>	17. FATNER'S NAME (First, Middle, Last)			HOMEMAKER					First, Middle, Malden	WN HO)ME		
	FRANK DOMER								HONEY	Surneme)			
) BE	19s. INFORMANT'S NAME (Type/Print)		19b	MAILINO A	DDRESS (S	treet and N			Number, City or Town	n, State, Zip	Code)		
FUNERAL HOME RECORDS 7606 OLD NATIONAL PIKE, BOONSBORO										RO, MD 21713			
	20s. METNOD OF DISPOSITION 1 M Buriet 2 Cremetton 3 Res	moval from State	20b. PLACE A cemetery, cran	natory or othe	r place)		1		DATE 20c. LO	CATION — C	Offy or Tow	vn, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		BOONSE	BORO C	7		DDRESS OF	/29		ONSBO	RO,	MARYLAND	
	· Toul M.	ul M.	Dean			VERAL		7606			onal Pike 21713		
	23. PART i. Enter the diseases, or	complications that cau	sed the dec	ith. Do no	antar the	moda c	of dying, a	uch as	cardiac or reapi	ratory sm	eat,	Approximate	
	shock, or heart failure IMMEDIATE CAUSE (Final	. List only one cause or	n asch lina.									Interval Between Onset and Death	
	disease or condition resulting in death)	nsive	Car	dio	Vas	cula	r I	isease	yea		years		
		DUE TO (OR A	UENCE OF):	:									
NO N	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR A	S A CONSEO	UENCE OF):									
RTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury	c											
	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEO	UENCE OF):									
EH EH	resoluting in duality CAS?	d											
AL	PART II. Other significant condition	na contributing to deat	h but not re	suiting in	tha under	riying ca	usa given	In Part	i. 24s, WAS AN A			WERE AUTOPSY FINDINGS	
									1 TYES 2			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDIC											- 1	1 TES WINO	
Ž	DID TOBACCO USE CON	TRIBUTE TO CAUSE					JNCERT/	AIN [
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			THER:						-		
<u> </u>	27. MANNER OF DEATH	1 Inpetient 2 I ER/C		28b. TIME		Home 5			Other (Specify)	IIIIIV OCC	IIDEN		
87 P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yes	ir)	INJUF	TY.	WORK?	2 NO						
- 18	3 Suicide 6 Could not be	ie, term, str	et, factory,	office		281	LOCATION (Street a:	nd Number (or Aural Ac	oute Number,			
□ Sound not be building, etc. (Specify) City or Town, State)													
29s. CERTIFIER (Check only one) 2 XeEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the tima, data and place, and due to the cause(a) and manner as stopping and manner as stoppin													
									and manner as stated.				
2	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF	DEATH (ITEM	27) (Type, Pr	rint)		00100			► Ju	ту 2	6, 1996	
	Edward W. Ditto.	III. M.D.	217	W. V		ngto	n St.	1	Hagerstov	√n,	MD	21740	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE	dett							_		
	JULZ 8 B	30 June 10		44-4									

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 2. Dete of Desth 1. Decedent's Neme (First, Middle, Last) 3. Time of Death July 31, Dey **Physician** Edwin Russell LANDMAN OM /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e. Facility Neme (If not institution, give street and number) **Examiner** 11503 Boyd Road Clear Spring Washington If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number If Under 1 Year Birthplace (State or Foreign Country) 7. Age (In yrs. lest birthdey) **Funeral** 1XM 2□ F Montha Deya 50 172-40-7311 Yrs. Director May 9, 1946 Pennsylvania Usual Residence of Decedent deeth with the Meryland 10e State 10h County 10c. City, Town or Location 10d. Inside City Limits show r than "natural", or items 23s or 28s-f short the Medical Examiner must be notified at 1 ☐ Yes 2X No Director Maryland Washington Clear Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 11503 Boyd Road 21722 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 10 Yes 2 □ No if Yea, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetue 14. Rece - American Indisn. Bieck, White, etc. filed within 72 hours after Hygiene. Ither than "natural", or ite 1 Never Merried 2 Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: white 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed w. Department of Heelth and Mentel Hygient Important: If them 27 is marked other than any injury or other traumatic enterminant. maintenance mechanic glass manufacturing 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be Frederick Landman Catherine Bowling 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 11503 Boyd Road, Clear Spring, Md. 21722 Elaine Landman/wife 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Burial 2 Cremetion 3 Removel from State St. Paul's Cemetery 8-3-96 4 ☐ Donetion 5 ☐ Other (Specify) Clear Spring, Md. 21. Signeture of Funerei Service Licensee 22. Name and Address of Facility MINNICH FUNERAL HOME 23a. Pert1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical immediete Ceuse (Finel disease or condition resulting in deeth) **Examiner** Examiner requires that the deeth certificate be executed physicien and s the burial-trens Sequentially ilst conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or ss e consequence of) Records, P.O. Box 68760 Physician/Medical Due to (or as e consequence of). ettending I signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i, 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ cate hes been sig , page 2 should b 24b. Were autopsy findings svellable prior to completion of cause of desth? Completed 24a. Wes an autopsy performed? After this certificate hes 1□ Yes 20 No 1 Yea 2 No Division of Vital 25. Wes case referred to medical examiner? director, Be 28. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 21 No 2 1 Inpatient 2 ER/Outpetient 3 DOA To the Hospital or Attending Physi within 24 hours after deeth.

To the Funeral Director: After this completely filled in by the funeral dir 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Neturel 1 Yea 2 No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 - Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, end due to the cause(s) end menner steted. 29e. Certifier Medical 29b. Signeture and title of cartifier 29c. License number 29d. Dete algned (Month, Day, Year) MUE

State

Registrar

31. Dete filed (Month, Dev. Year)

AUG 02 1996

32. Registrar's Signeture

Jelin Dewilson Randall

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 23589

						Ce	rtificate	of I	Death			Reg. No.			
О	B) and		1. Decedent's Name (First, Mic	ddle, Lest)							2. Dete of Deeth Month Dev Yeer 3. Time of Deeth				
	Physic /Med		Alice Helen							1, 1996	Yeer	8:35 A			
9	Exami		4e. Facility Neme (If not institu			4	b. City, Town	n, or Loc	ation of Death	4c. Coun	ty of Deeth	h			
			40 Dennett Road						0akland	d		Garrett			
	Funeral Director		5. Sociel Security Number 216-10-9426	6. Sex 1 ☐ M 2 ☐ F	7. Age (In yr 80	s. lest birthday) Yrs.	If Undar 1 Y Months D	eys	If Under 24 Hours	4 Hrs. Min.	8. Date of Birt Month, Dej Jan. 7,	Month, Liey, Year)		Birthplece (State or Foreig Country) Maryland	
٦	P.		Usuel Residence of Decedent												
	the Marylar 28a-f show	ctor	MD G	arrett	10c. 0	Oakla Oakla								10d. Insida City Limits 1 X Yes 2 No	
	with the	Director	10e. Street end Number 40 Dennett Road		,		10f. Zip Co	da 550				10g. Citizen o	f Whet Cou	untry?	
	death	era	11. Marital Stetus	12. Was Dec	adont Ever in	116 423			ianania Orlai	-0.40	-if - V N-				
050	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or Hems 23s or 28s-f show ont, tre Medical Examiner must be notified at	by Funeral	1 Never Married 2 M 3 KW idowed 4 Divorce	erried 1 ☐ Yes	rces? 2 X No /a	U.S. 13. Was Decedent of Hispenic Orlgin? (Specify Ye If Yes, specify Cuben, Mexican, Puerto Rican, 1 ☐ Yes 2 【 No Specify:						or No- lc.) 14. Race - American Indian, ° Bleck, White, etc. Specify: White			
21215-0020	vithin 72 h ne. han "natu	Completed	(Specify only high	ent's Education hest grada completed) College (I-4or 5+)	(Give	dent's Usuel Or kind of work de DO NOT use re	one o	lurina most c	of workin	9	16b. Kind of		ndustry	
7	o filed within the Went, tre W		12	(- (Libra	arian					Libra			
Baltimore, Maryland 212 permit. Pages 1 and 2 should be filed with Department of Heelth and Mental Hygiene. Important: If Itam 27 is marked other than any injury or other traumatic event, trail once.	S la b >	To Be	John	Bagnall					Emma	s Neme	(First, Middle,	Niece	eme)		
	보고 다		19a. Informant's Name/Reletic				ng Address <i>(St</i> ry Hill (n, Stete, Z	ip Code)	
	S = = 0		20e. Method of Disposition 1 Bunal 2 Cremetio 4 Donetion 5 Other		Stete	cemetery, cren	of Disposition (Name of ery, cremetory or other place) Crematory Dete 20c. Location - C Morganto					ity or Town, Stete			
		21. Signature of Funaral Service	22	Neme end A				, 0, 30	, ioi gui	, ,	***				
			23e. Pert1. Enter the disease,	1- Mings			32 S. Sec								
)	Physician /Medical Examiner	ner	shock, or heart feilure. L Immediete Cause (Finel diseese or condition resulting in death)		STIC B	REAST (interval Between Onset and Deeth 8 YEARS	
oʻ	eath certificate be executed ettanding physicien and for use as the bunal-transit	Examiner	Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	S b	(or es e conseq	uence of):									
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×	indin use	2		d											
Bo.	death e ettar	icia	Part II Other significant conditions conditions conditions										and all to the state of	to the course of death.	
, P.O	that the ed by th detache	by Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. AORTIC STENOSIS MITRAL REGURGITATION								23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknow				
or vital Records,	aw requir is been s 2 should	Completed b	CORONARY ARTI	ERY DISEASE							24e. Wes e		6.	Vere eutopsy findings veilable prior to ompletion of cause f deeth?	
ř	9 - 6	E									1 D Y	es 2 No	1	□Yes 2 No	
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	After After		27. Menner of Death 1 Naturel 5 Pend 2 Accident inves	28a. Dete of (Mont stigation	of Injury h, Dey Year)	28b. Time of Injury	28c. I			28	8d. Describe h				
DIVISION	구불하드	Certification:	3 Sulcide 6 Coul 4 Homicida dete	mined 288. Piece	of injury - At ng, etc. (Spec	homa, farm, stre	rm, street, fectory, office 28f. Location					ation (Street and Number or Rural Routa Number, or Town, Stete)			
	To the Hospital or Attent within 24 hours after deat To the Funeral Director; completely filled in by the	edicai C	29e. Certifier (Check only one) 1 Certify 2 Medica	ring Physician: To the al Examiner: On the ba and menn	isis of examin	owledge, deeth etion end/or Inv	occurred et th	e tim	e, dete end p Inion, deeth	occurred	nd due to the c d et the time, d	ause(s) and n lete end plece	nenner es :	steted. to the cause(s)	
	withi To th	Σ	29b. Signature and title of certif	ier /	/		29t. Lio	ense	number	4		19d. Date sign	ed (Month,	Day, Year)	
		1	30. Name and address of person	rest of the state	ack	m 23a) (Type. I	D2	665	50			8/1/9	6		
				AISER, MD ,	A STATE OF THE STA	X 486,		D,	MD 2	1550)				
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DHMH 16 Rev 6/95

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BALTIMORE, MARYLAND 21215-0020

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S. SAVOPOULOS, M.D.
31. DATE FILED (Month, Day, Year)

JUL 3 1 1996

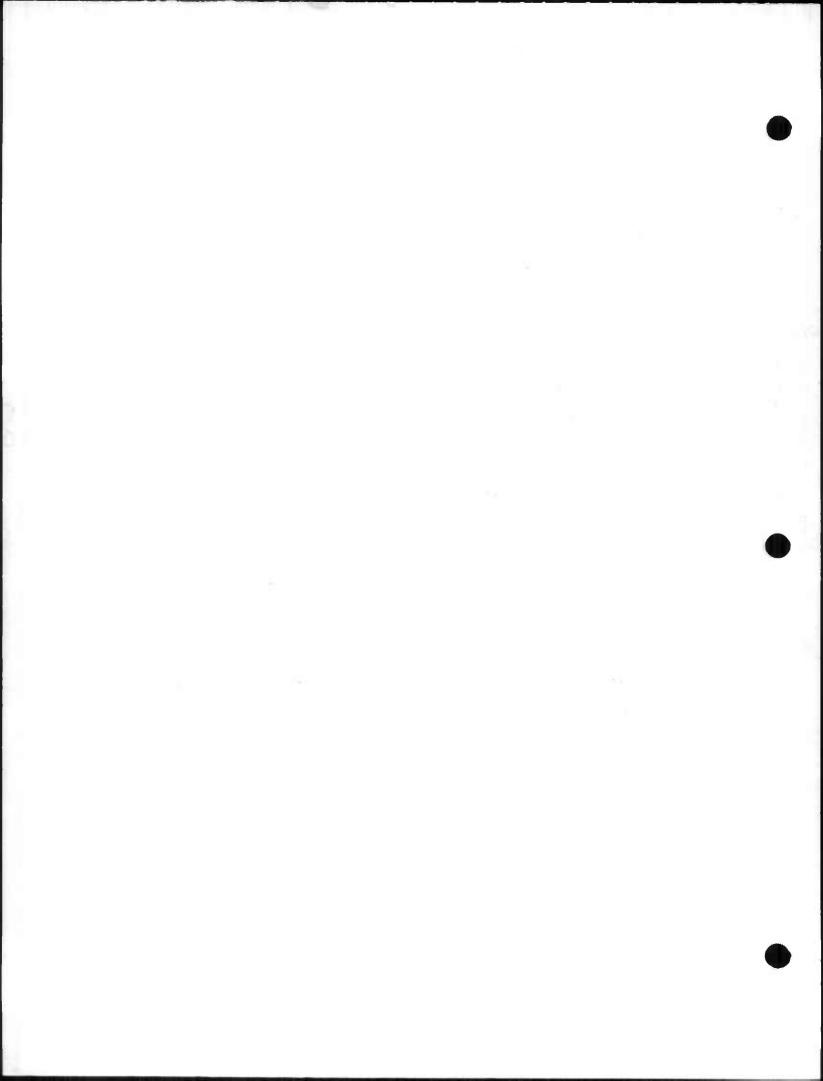
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	FOR STATE REGISTRAR		STATE OF N	IARYLAN	ID / DEPAR	TMENT (OF H	EALTH AND DEATH	MENTAL HYGIEN				
	1. DECEOENT'S NAME (First, M	diddle, Lest) DELBER	т М	ark.					2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEA	Р м
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER						7. DATE OF BIRTH	6	96	IPLACE (State or F	
	236-20-0676		1 📉 M 2 🗌 F	11				HOURS MIN.	July 13 1	897	W.	ry)	Orangii,
ב	99. FACILITY NAME (If not insti DENNETT ROAL	D MANO		IG HOM	ΙE	9b. CITY, TO		R LOCATION OF DE	EATH		INTY OF D		
טואברוטא	RESIDENCE OF DECE	10b. COUNTY			10c, CIT	Y, TOWN OR	LOCAT	ON				10d. INSIDE CIT	Y
	W. VA.	BA	RBOUR		1	PHILIP	_					1 X YES 2	NO
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WH. 29 SOUTH MAIN STREET 26416 USA											WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 M 3 Wildowed 4 Divorce	S. ARMEO 2 NO	lf y	es, spi		NIC ORIGIN? (Specify Ya nn, Puerte Rican, atc.) y:	s or No—	14. RACI Blac Spec	E — American ind k, White, etc.				
בַּר	15. DECEC (Specify only i	DENT'S EDUCA	ompleted) (Give kind of work done during most of working							OUSTRY			
YLE	Elementary/Secondary (0-1)	2)	College (1-4 or 5 -		iiie. Do NOT u. 'IDUCIA'	,	ACC	COUNTS	COUNT	Y GO	VERN	MENT	
COMPLEI	4 FIDUCIARY OF ACCOUNTS COUNTY GOVERNMEN 17. FATHER'S NAME (First, Middle, Lest) ARORESTUS T. MARKS ADAH F. LOUGH												
TO BE	19a. INFORMANT'S NAME (Type/Print) AARON B. MARKS 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 144 S. WALNUT STREET PHILIPPI, W.VA. 26416												
	1 🕰 Buriel 2 🗆 Cremetion	20c. METHOD OF DISPOSITION 1 & Burlet 2 Cremetton 3 Removal from State 4 Donation 6 Other (Specify) PHILIPPI, W. VA.											
	22. NAME AND ADDRESS OF FACILITY P.O. BOX 243 DURST FUNERAL HOME - OAKLAND, MD 21550)	
	23. PART i. Enter the dis- ahock, or hes IMMEDIATE CAUSE (Fine disease or condition resulting in death)	ert fellure. L	lst only one ceu	ese on each	tilne.	not antar th						Approxin Interval I Onset an	nsta Between
EHIIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL C	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. Q + heroscleratic Coromany vasc. dis- Drance brain 5 yerdronde DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PRO UNCERTAIN 1 yes 2 PRO 1 yes 2 PRO												
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OJHED												
PHY	27. MANNER OF DEATH 28a. DATE OF INJURY (Month. Day, Year) 28b. TIME OF INJURY AT WORK? 1 NJURY M 1 VES 2 NO												
COMPLEI ED BY	3 Suicide 6 C	2 Accident Investigation 3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, ferm, street, fectory, office City or Town, Stete)										Route Number,	
7.6	29e. CERTIFIER	FYING PHYSIC	IAN: To the best of	my knowled	ge, death occur	red at the time	e, date	end placa, end du	to the cause(s) and ma	nner as at	ated.		
Ž	ment								time, data and pieca, a			s) and manner as	stated.
H H	296. SIGNATURE AND TOPE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)												
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH	H (ITEM 27) (Type	, Print)				1	1	-	

11**0**4 E. STATE ST.

32. REGISTRAR'S SIGNATURE

TERRA ALTA, WV

26764



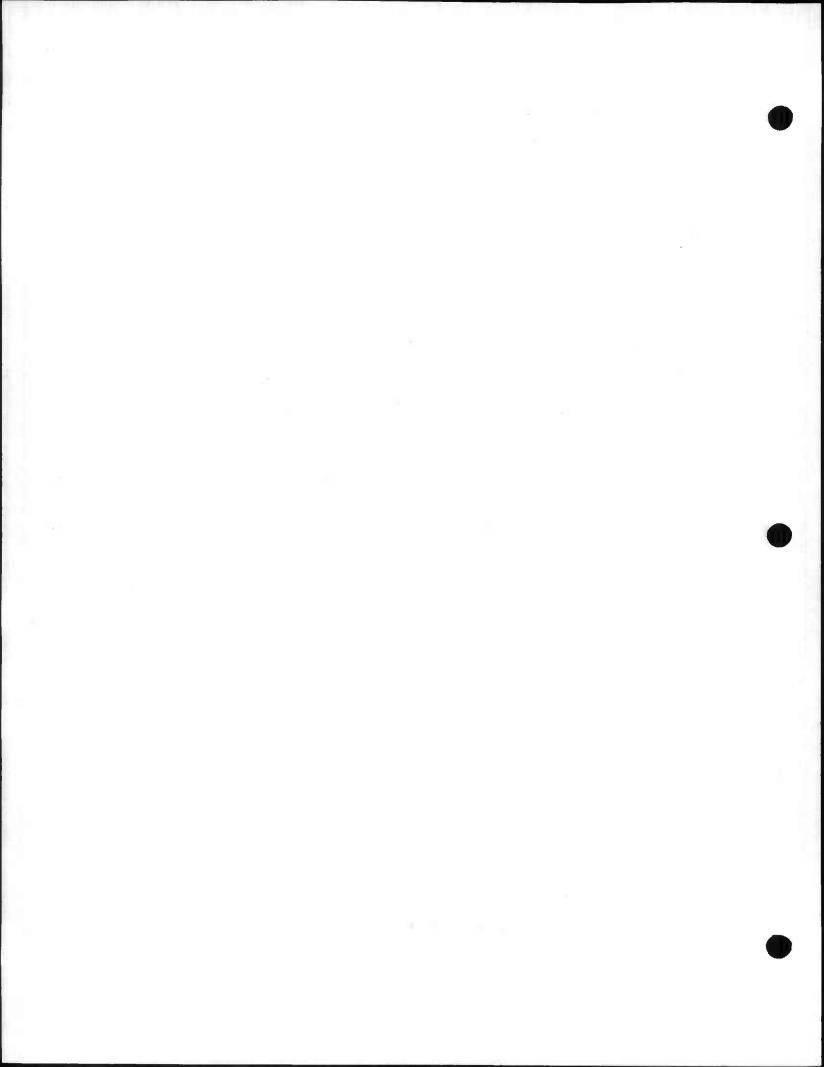
FOR STATE REGISTRAR

1 -

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 6876

		1. DECEDENT'S NAME (First,										OF DEATH	414		3. TIME OF DEATH
		Bennie L	ee Mor	ntgomery	III						Jul		AY] !	996	6:45 AM
		4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	1	IF UNDER		7. DATE	OF BIRTH		6. BIRTI	IPLACE (State or Foreign
_		212-78-5242		1 🔀 M 2 🗌 F	34	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar	ch 2, 1	962	Geo	
3 should		9s. FACILITY NAME (If not in	-	treet and number)			9b. CITY	r, TOWN	OR LOCATI	ON OF D				INTY OF E	
2, 3	СТОВ	411 Hearne						Salis	bury				W	icom	ico
es 1.	2	RESIDENCE OF DEC	10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCA	ATION						10d. INSIDE CITY
200	DIRE	Maryland	Wice	omico			alisbu								LIMITS?
ermit	. 1	10e. STREET AND NUMBER					41100	-	Of. ZIP COD	E			10g. CI1	IZEN OF	WHAT COUNTRY?
nsit p	ER	412 South P	ark Dr	ive					2180)]				US	Α
ial-tra	FUNERAL	11. MARITAL STATUS		12. WAS DECEDED	NT EVER IN U.S.		13.	WAS DE	CENDENT (OF HISPAI	NIC ORIGIN	? (Specify Yes	or No-	14. RACI	E — American Indian, k, White, etc.
as the burial-transit permit. Pages 1,	ВУ	1 Never Married 2 X 3 Widowed 4 Divo			WAR OR DATES	4110			S 2 X NO			wan, was		Spec	illy:
as th	ED	15. DEC	EDENT'S EDU	CATION	160	DECEDENT'S	I IISHAL C	CCLIDAT	ION		166	KIND OF BU	CINECC/IN		an American
N USe	ETE	(Specify onl	y highest grade	completed) College (1-4 or 5	- C-7.	(Give kind of life. Do NOT u	work done	during m	nost of worki	ng	100.	KIND OF BO	3114633/114	DUSINI	
bed fo	F	10th grade		Conege (1-4 of 5		borer					Ic	ampbel	II Sou	מו	
detach once.	COMPL	17. FATHER'S NAME (First, M							16. MOT	HER'S NA		Aiddle, Maiden			
d be	BE (Bennie Lee M	Montgo	mery, Jr.					M	amie	Pye				
5 should notified	10	19a. INFORMANT'S NAME (oer, City or Tow		/	127 92 17
be no	-	Barbara Ann		omery		412 S	outh	Par	k Dri	ve -	Salis	bury,	Mary	land	21801
ector, pa		20a. METHOD OF DISPOSIT	on 3 🗆 Ram	oval from Stata	20b. PLAC cemetery,	CE AND DATE	of DISPO	SITION (A	Vame of		DAT		CATION -		
direct er m		Green Acres Memorial Park 7/27 Salisbury, Mar													aryland
funeral di examiner		1213 Jersey Rodd - Salisbui													
the fu		JOLLEY MEMORIAL CHAPEL Maryland 218													
completely filled in by the funeral director, page 5 should be detached for use rial, cremation, or removal. c event, the medical examiner must be notified at once,		21. PART L Enter tha diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause of each line. Approximate Interval Batween Onset and Death disease or condition resulting in death) Approximate Interval Batween Onset and Death Approximate Int													
filled tion, or the m															Onset and Death
ompletely il, cremati event, tl															1/27/95
signed by the attending physician and completely filler Health and Mental Hyglene prior to burial, cremation, was any Injury, or other traumatic event, the														1	
ng physician and c glene prior to buria other traumatic	ERTIFICATION														
prior trau	CAT	cause. Enter UNDERLY	ING	C.											
of physiene	E	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
al Hy	ER	resulting in death) LAS	" L	d											
ed by the att th and Menta any Injury,	LC	PART ii. Other significa	ent condition	ns contributing to	o death but no	t resulting	In the u	nderlyl	ng cause	given in	Part I.	24a. WAS AN		241	. WERE AUTOPSY FINDINGS
h and	MEDICAL											PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Healt Healt	유											1 163	10		1 TYES 2 THE
been of of 3 she		DID TOBACCO L	JSE CONT	RIBUTE TO CA	AUSE OF D	EATH Y	ES 🔲	NO [JUNG	CERTAI	N 🗆				7
State Dept State Dept Item 23	SIAN	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL		26. PI	LACE OF DEA	-		9)						
rufficat he Sta	YSICI	1 TYES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nu	R: Irsing Ho	me 5/R	aaldence	8 🗆 Othe	r (Specify)			
his ce with th	РНУ	27. MANNER OF DEATH Netural 5	Pending	26a. DATE O (Month,	F INJURY Day, Year)	28b. Till IN	JURY	W	VORK?		28d. DES	CRIBE HOW	INJURY O	CCURED	
ofter this cath with marked	BY	Accident	Investigation	20- 84 405	OF IN HIEW		M			NO					
after d	ED	3 Suicide 6 4 Homicide	Could not be determined	building	OF INJURY — At 3, atc. (Specify)	nome, term,	street, fac	ctory, off	Ica		City	ATION (Street or Town, State	and Numb	er or Rural	Route Number,
THE FUNERAL DIRECTOR: After this certificate has been filed within 72 hours after death with the State Dept. of PORTANT: If Item 28 is marked, or Item 23 sho	E	29a. CERTIFIER			-										
ZAL D	MPL	(Check only		ICIAN: To the best of											
TO THE FUNER be filed within IMPORTANT:	8	1				or investigati	on, in my	opinion,				and place, a			a) and manner as stated.
filed V	BE	296. SIGNATURE AND ITEL	OF CERTIFIE	R					2	ENSE NU		-			(Month, Pay, Year)
₽ % ₹	2	30. NAME AND ADDRESS O	F PERSON WH	10 COMPLETED CA	USE OF DEATH (TEM 27) (7/0	e Print)		100	~ 7 (05	Usbu	-	/a	100
		Christian	Hudd	lestant	M.D.	1010	M.I	Fara	1. Str.	of.	. C	1,ch.	и.	111	21801
		31. DATE FILED Month, Day,	Year)	32. REGISTA	AR'S SIGNATUR	E J II	, v (/ /	OTE			U	LISPA	4,	VIVO	×/00/
			251991	6 yours	January January	ardell									
				17											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



State of Maryland / Department of Health and Mental Hygiene

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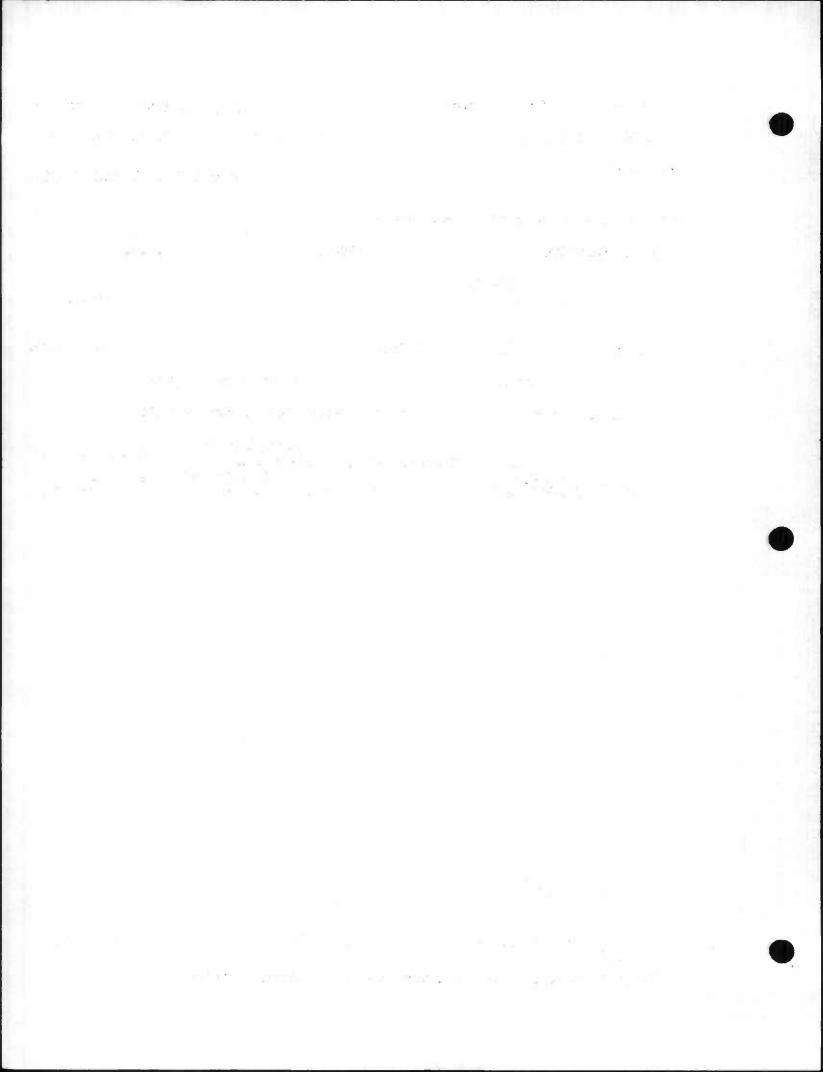
							Ce	rtificate c	of L	Jeath		Reg.	No.		-0076
я	Dhuoin	ion	1. Decedant's Nam	na (First, Middla,	Last)						2. Data o		Day	Yaar	3. Tima of Daath
	Physic /Medi			. McCuli							Augus		199		6:18 PM
	Exami		4a. Facility Nama (um <i>ber)</i>			41	b. City, Town,	or Location of I	Death	4c. County	of Death	
				ork Road	3					Parkton				imor	_
1	Funeral		5. Social Sacurity 1		5. Sax 1		yrs. last birthday	Months Da		if Undar 24 H	in. 8. Data c	Birth Day, Ya	1920	9. Birth	piaca (Stata or Foraign ntry). ginia
	Director		215-16-		10 W 2001	76	Yrs.				July	22,	1920	Vir	ginia
	pue *		Usuai Rasidence o 10a. Stata	10b. County		10	c. City, Town or L	ocation						T	10d. Insida City Limits
	f aho	5	MD	Balt:	imore		Parkto	on						,	1 ☐ Yas 2 🛣 No
	the the north	Director	10e. Street and Nu	mber				10f. Zip Cod	1a			10n	Citizan of	What Cou	intry?
	With or			6 York	Poad			2112					U.S.		nay:
	18 2 P	Funeral	11. Maritai Status	O TOTA	12. Was De	cedent Eva	r in U.S. 13.	Was Decedant		spanic Origin?	(Specify Yas o		-		can Indian,
0	r Her	F		ried 2 Marria	Armed F	orcas? 2 ☑ No		if Yas, specify C	Cubar	n, Maxican, Pu	arto Ricen, atc	.)		ck, Whita,	, atc.
020	urs a	by	3 X Widowed	4 Divorced	if Yas, G Year or	iva 🔭		1 □ Yas 2 💢 1	No	Specify:			Specif	y: W)	hite
2-0	72 hours after deeth with the Meryland "naturel", or items 23s or 28s-f show idical Examiner must be notified at	Completed	/900	15. Decedant's	Education	n	16a. Dece	dant's Usuai Oc	cupa	ition	ua deia a	16b	. Kind of B	usinass/in	ndustry
21	G . C .	ple	Elemantary/Seco		grada completed Collega	(1-4or 5+)	1	kind of work do DO NOT usa re			VOIKING				
21		Cou	7				Owne	er/Oper	cat	tor		S	ervi	ce S	Station
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yla	should be nd Mental marked o	1º			ickerso	on					e Jan				
Maryland 21215-0020	01 68 69 5		19a, informant's N			la		ing Address (Str					-		
e, l	leal m 2		20e. Method of Dis		cCullou		20b. Place of Disp	28 B Gel		uig Dr.	Data				
Baltimore,	8 2 5 0		1 Burial 2	☐Cramation 3	☐Ramoval from	Stata	cematary, cre	matory or othar	place	⁹⁾ A	ug. 6,		. Location		
Itin	Department of mportant: If any injury or pace.			5 ☐ Othar (Spe			Stablers				1996	Pa	arkto	on, l	MD
Ba	permit. F Departmo Importan any injur		21. Signature of Fi	Imeral Salvice Li	ansee	1		2. Nama and Ad			n Mor	+1122	-17 T	na	
_			Date	-1707	Ly soful	>		J.J. Har 24 Seco	on	d St.	New	Free	dom,	PA]	17349
ı,			23a. Part1. Enter t shock, or has	tha disaasa, or co art fallura. List or	omplications t	ea lina.	death. Do not er	itar tha moda of	dying	g, such as card	liac or raspirate	ory arrast,			Approximata Intarvai Between Onsat and Death
	Physician /Medicai		e Immediate Cause	/Einel	W	101	c 1 !	- /1	7	1100	1	1			Onsat and Death
	Examiner		Immediata Causa disaasa or condition rasulting in daath)	on	e. / / (177	21794	of ly	41	rer	12	41	115		2-3 MO
		ē				Due	to (or as e conse	quence of):							
	betr Insit	Examiner			b			1 0						<u> </u>	
ć	axec n and ial-tra	Еха	Sequentially list co if any, laading to in ceusa. Entar Undo Cause (Diseasa or	onditions, nmediata		Dua	to (or as a conse	quence or):							
68760,	certificata be axecuted ding physician and ise as the burial-transit	edical	that antiated event	5	C	Dua	to (or as a conse	quance of):						-	
89	tifical or phy as th	Pe	rasulting in daath)	Last		500	10 (01 00 0 00100	qualito ory.							
XO		M/ue			d										
. B	requires that tha death been signed by the atter should be deteched for r	Physicia	Part li. Other signit	ficant conditions	contributing to	death but no	ot rasulting in tha	undarlying causa	giva	in in Part i.	23b.	Did toba	cco usa co	entributs t	to the cause of death?
P.0	at tha by th	Phy										1 Yes	2.□No	3 □ Pro	bably 4 Unknow
Ś	es that igned b	by									-				
ord	requires seen sign hould be	ted										Was an a		av	ara autopsy findings vallabia prior to
ec	9 8 0	ple									-		/		ompletion of causa death?
<u>~</u>	at ag	Completed										1 🗆 Yas	20 No	1	□Yas 2□No
Vital Record	Physician: The rthis certificata ral director, pag	Be	25. Wes cesa rafar axaminar?	rred edical						28. Place of E	Death (Check o	nly ona)			
of	5 00 0	ဥ	1 ☐ Yas	No	Hospital:	Inpatiant	2 ☐ ER/Outpatie	nt 3LI DOA	Otha	4 LI Nursing	Homa 5□	Rasidano	e 8 □Ott	nar (Speci	fy)
Ē	ding P. h. Aftar t	 	27. Manner of Deet	th 5 ☐ Panding	28a. Dete (Moi	of injury onth, Day Ye	ar) 28b. Tima (,			28d. Dasc	ribe how i	injury occur	red	
sio	Attending ir death. actor: Aftai by the fune	cat	2 ☐ Accident 3 ☐ Sulcide	investigat	t he					as 2□No					
Division	or Attendent efter deat Director:	Certification:	4 Homicide	datarmina	ad Zoa. Plac	e of injury - ding, atc. (S	At homa, farm, si pecify)	reat, factory, offi	ice		28f. Locati City o	on (Stree r Town, S	t and Numi Itata)	ber or Run	al Routa Number,
			29a. Cartifier	1 Danillaton	Dhualalan, T. sh	- Fast of as									
	Hospita 24 hours Funeral etaly filled	edical	(Check only one)	2 Medical Ex	aminar: On tha t	a best of my basis of axa nnar statad.	y knowledge, daal mination and/or in	th occurred at the evastigation, in m	a time	e, dete end pla inion, daath oo	ce, and dua to curred at tha t	ma, data	a(s) and mand piace,	anner as s and dua t	o tha ceusa(s)
	within to the comple	₹ E	29b. Signature and	titie of sertifier	and mar	mai statau.		29c. Lic	ensa	number		29d.	Date signe	d (Month,	Day, Year)
	F ≯ F ŏ		1 x	PI	14.00	IAA		D	2	46-	7-	(15	100	1
		-	30 Name and	.10	MMD	YVV	Man 02-1 5	V.)	102		10	121	76	0.
			30. Name and add	esa of person wi	completed ceu	1 or daath	(flam 23a) (Type	Print) /	M	mk.	RD	11	05	1	- S WAD
	Sta	te	31. Date filed (Mon	th, Day, Year)	36.	Registrar's	Signature	1 /	1			-W	011	7	Tre IVI
	Registr		Al	JG 0 8 1	196 Jul	Divo	year Kardal	6 (ノ						SIM

State of Maryland / Department of Health and Mental Hygiene 9 6

Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** July 28, Norman Moore 1996 10:45AM /Medical 4b. City, Town, or Location of Deeth 4a. Facility Neme (If not institution, give street end number) 4c. County of Death **Examiner** 14603 Duckett Road Brandywine Prince George's If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In vrs. lest birthdev) 8. Date of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) **Funeral** ₩ 20 F Months Deys Hours 233-54-6516 60 Yrs. Director August 19,1935 West Virginia Usual Residence of Decedent with the Maryland 10b. County 10c City Town or Location 10d. Inside City Limits item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at 1 Yes 25 No Director Maryland Prince George's Brandywine 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20613 U.S.A. 14603 Duckett Road Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, apecify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 12. Was Decedent Ever in U,S. 14. Race - American Indian. Biack, White, etc. Armed Forces? 1959 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2√2 No Specify: Specify: þ White 3 Widowed 4 Divorced "naturel" Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 72? Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natu any injury or other traumatic event, me Magical Coilege (1-4or 5+) N/A Elementery/Secondery (0-12) 10th Makielski Reed Corp. Plumber 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Orville William Moore Thelma Geneva Myers 2 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 591 Lake Drive Lusby, Maryland 20657 19a. Informent's Name/Relationship (Type, Print) Juanita J. Froman 20b. Place of Disposition (Neme of August1,1996 20a. Method of Disposition 20c. Location - City or Town, State cemetery, cremetory or other place) 1 XBuriei 2 Cremetion 3 Remove from State Cheltenham, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Maryland State Veterans Cem. 22. Name and Address of Facility Lee Funeral Home, Inc. 21. Signature of Puneral Service 6633 Old Alexandria Ferry Rd Clinton, Md 20735 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert fellure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical RESPINADLY Examiner Due to (or as a consequence of): Examiner LUNG CANCER 2 years buriai-transit Due to (or as a consequence of): Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or injury physician as the burial CIGGARNELTE 50 9 Bars Box 68760. Physician/Medical that initiated events resulting in death) Last Due to (or as a consequence of): use as ettending P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by ti 1 Yes 2 No 3 Probably 4 Unknown - Mala-Truño W Records, by 24b. Were autopsy findings aveilable prior to completion of cause of desth? 24a. Wes an autopsy Completed - Buphysome certificate has The 1 Yes 25 No 1 □ Yes 2 □ No Division of Vital Be 25. Wes case referred to medical exeminer? 26. Piace of Death (Check only one) Hospital; 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home S Residenca 8 Other (Specify) 2 1 Yes 2 No this 28a. Date of injury (Month, Dey Year) To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: After th completely filled in by the funera 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. injury at Work? After t Certification: 1- Naturai 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 \(\text{Homicide} \) 1 Certifying Phracian: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) and manner as stated.
2 Medical Examines: On the best of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. Medicai 29a. Certifier (Check only 29d. Date signed (Mogth, Day, Year) 29b. Signature and title of ce 29c. License number LEON WAS D35345 56 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) George Leon M.D. 2000 St. Thomas Drive Waldorf, Md Suite 5 31. Dete filed Month, Dey, Year) 32. Registrar's Signature State Julia Davidson Rerdall

Registrar

JUL3 0 1996>



DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR					MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	lontminy			0.				OF DEATH	^1996 YE	3. TIA	: 30	Ам
	4. SOCIAL SPENRITY NUMBER 5	SEX 8. AGE (In y	rs. lest birthday) 3 YRS.		DAYS	# UNDER	MIN,	7. DATE (Monti Mar	of BIRTH	1903	Ca	(State or Fo	
TOR	Charles County N	Nusring Hom	ie	La.	Pľa	ta	ON OF D	EATH		Char			
DIRECTOR	100. STATE 10b. COUNTY Cha	arles		y, town or aPLa		ION					L	NSIDE CITY IMITS? YES 2 X	NO
FUNERAL	9160 Sadie Lane	9			101	ZIP COD	646			U.S		OUNTRY?	
ВУ	tt. MARITAL STATUS t Never Merried 2 Married State Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES: IF YES, GIVE WAR OR DATE	2 X NO	89	yes, sp		n, Mexica	n, Puerlo I	I? (Specify Yel Rican, atc.)		RACE — An Black, While Specify: hite		n,
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementery/Secondary (0-12)		(Give kind of life. Do NOT u	work done di se retired.)	uring mo	PN st of worki	ng	16b	KIND OF BU	SINESS/INDUSTI			
COM	17. FATHER'S NAME (First, Middle, Last)		Homen	lakel					Middle, Maiden	Surname)		_	
BE (George Caron 198. INFORMANT'S NAME (Type/Print)							_		nt Caro			
5	Joseph C. Montm	inv								MD 20			
	20a. METHOD OF DISPOSITION 1	20b. PL	ACE AND DATE	OF DISPOSI	TION /Na	me of		DAT	E 20c, LC	enton,	or Town, St.	nte	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		2	²² A ^N	REF	ART	SS OF E	ĤOĽS	FUNI	ERAL H	OME,		
CERTIFICATION	23. PART I. Enter the diseases, or conehock, or heert failure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO	DINOTU DINSEQUENCE O	n Ca pip:						stratory screat,		Approximal Interval Be Onset and	tween
	that initiated evente resulting in deeth) LAST		not recuiting		deriyin	g cause	given in	Pert i.	24a. WAS AN			AUTOPSY FI	
N: MEDICAL	<u>Hypertensic</u> DID TOBACCO USE CONTRIB			ES 🗆 N	10 [UNC	ERTAI	N 12	t TYES	· imco	OF DE	LETION OF C	AUSE
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	PLACE OF DEA	OTHER	:								
PHYSICIAN:	1 VES 2 NO 1 27. MANNED OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Yeer)	28b. TI		28c. INJ WC	URY AT RK?		8 🗆 Othe 28d. DES		INJURY OCCURE	D		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)		atreel, lecto		/ES 2 [NO	28f. LOC City	ATION (Street or Town, State	end Number or R	ural Route N	umber,	
COMPLETED	and the second s	N: To the best of my knowled On the basis of examination s									use(e) end r	nenner ee al	ated.
TO BE (296. SIGNATURE/AND TURK ON CLASSICS OF PERSON WITO	COMPLETED CAUSE OF DEATH	HITEM 271 /Km	Print)		D	ENSE NU	419		29d, DATE SIG	25	196 196	
	Charlene A	Letchford	ME	5 7	200	OL	d L	ine	Cent	tre #1	00	206	02
	JUL3 0 19	96 Julia Will	valeor Ra	dally									

. .

3. Time of Deeth

Birthplaca (State or Foreign Country)

10d. Inside City Limits

1231 PM

B.K.S ITEMS: 23 PART I. II. 27. State of Maryland / Department of Health and Mental Hygiene 23595

PER ME	0 FILM g-7:	38 8/9/96	t.t			Cei	rtificat	e of	Death				g. No.	30	235
Physician /Medical	СНУБ	ame (First, Midd LES	lle, Last) GLEN	IDON		MIL	LS		SR		2. Data of Month JULY		2 ^{Pay} ,	19 ^{Year}	3. Time of 1231
Examiner	4a. Facility Nam	e (If not institution INGTON	on, give street and n	La Time	PITAI						Cocation of Do	eath		unty of Dea	
Funeral Director	5. Social Securit 214-54		6. Sex 1 XM 2 ☐ F		in yrs. last	birthday) Yrs.	If Under Months			24 Hrs. Min.	(Month.	Day.	Year) , 195	C	thplaca (State o
ylend	Usual Residence	e of Decedent 10b. County	,	1	0c. City, T	own or Lo	cation								10d. Inside Ci

hutem

32. Registrar's Signature

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Mary Department of Health end Mental hygiene.
Important: If Item 27 Is marked other than "natural", or items 23a or 28a-f sh any Injury or other traumatic evant, free Neorest Expense must be noticed.

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

To the Hospital or Attanding Physician: The law requires that the death certificate be executed within 24 hours efter death.

To the Funeral Director: After this completely filled in by the funeral of

Division of Vital Records, P.O. Box 68760,

ctor	MD	Washin	gton	Hager	stown						1 ☐ Yas 2 💢 No
ALC.	10e. Straat and Nu	ımber			10f. Zip Code	1		1	0g. Citizen of V	Vhat Cou	intry?
0	14116 6	reencas	tle Pike		217	40			U.S	.A.	
by runeral Director	11. Marital Status 1 ☐ Never Man 3 ☐ Widowed	ried 2 X Marriad 4 Divorced	12. Was Decedant I Armed Forces? 1 XYes 2 ☐ N If Yes, Give Year or Data Y	No	4 🗆 Van 1971	uban, Mexican, Pue	(Specify erto Rica	Yes or No- an, etc.)		k, White	ican Indian, , etc.
	(Can	15. Decadent's Ed	ucation	1	. Decedent's Usual Occ	upation	and the si		16b. Kind of Bu		
2000	Elementary/Sac	ondary (0-12)	Coilege (1-4or 5		(Give kind of work dor life. DO NOT use ret upervisor	ired)	ronking	101	Sidi	na	
	17. Father's Name	(First, Middle, Last)				18. Mother's N	ame (F	irst, Middle, N			
	Joseph	William	Mills			Carri	e V	irgin	ia Fla	anac	ran
	19a. Informent's N	ame/Relationship (7	ype, Print)	19b	. Mailing Address (Stre					- 10	
	Sandra	L. Mill:	s/Wife	14	1116 Gree	ncastle	Pi	ke Ha	gersto	own,	MD 2174
		position Cremation 3 5 Other (Specify		20b. Placa o camete	d Disposition (Name of ry, crematory or other p Haven	/aca)	_	Date	Roc. Location -	City or T	own, State
	21. Signature of Fu	uneral Service Lican	P 7/2		22. Name and Add Thompsor P.O. Box	ress of Facility Funera	1 F	lome,	Inc.		
	23a Part1 Frier1	the disease or come	lications that caused	the death Do	not enter the moda of d					U .	21722 Approximate
	Immediate Cause diseasa or condition resulting in death)	on .	a		CARDIOVASCUL	AR DISEASE				1	Onset and Death
	Sequentially list co if any, leading to in cause. Enter Unde Cause (Disease or that initiated events resulting in deeth)	erlying injury	c		consequence of):						
			d							-	-
Ì	Part II. Other algnit	ficant conditions co	ntributing to death bu	it not resulting in	n the underlying cause	given in Pert I.		23b. Did to	bacco usa cor	tribute (to the cause of death?
		SCLEROSIS						1)X(Ye	8 2□ No	3 ☐ Pro	bably 4 Unknown
							+	24a. Was ar perform		a\ cc	dara autopsy findings valiable prior to completion of causa death?
l								1 💢 Ye	s 2 No	1	XYes 2□ No
Ì	25. Was case refer examiner?	red to medical				26. Placa of De	eath (C	heck only one	9)		
	XXYes 2□	No	Hospital: 1 ☐ Inpatler	nt XXER/Ou	itpatient 3 DOA	other: 4 \substitute Nursing	Home	5 Reside	nca 8 🗆 Otha	ır (Speci	fy)
	27. Manner of Deat 1 ☑ Naturel 2 ☐ Accident	5 Pending Investigation	28a. Date of Injun (Month, Day	Year) 28b. 1	Fime of njury M 1	ury et ork? □ Yes 2 □ No	28d.	Describe ho	w injury occurr	ed	
	3 ☐ Suicide 4 ☐ Homicide	8 Could not be determined	28e. Piaca of Inju- building, etc.	ry - At home, fa . (Specify)	rm, street, fectory, offic	ө	28f.	Location (Str City or Town	reet and Number, Stete)	er or Aur	al Route Number,
	29a. Certifier (Check only one)	1☐ Certifying Phy XXMadical Exami	sician: To the best of iner: On the basis of end manner stat	examinetion and	, death occurred at the d/or investigation, in my	time, date end place opinion, death occ	ca, and curred a	due to the ca	use(s) end ma te and placa, a	nner as s ind due l	stated. o the cause(s)
t	29b. Signature and	titia of cartifier			29c. Lice	nsa number		29	d. Date signed	(Month,	Day, Year)
-	► A	enmi)(but no			C.M.E			JULY	28,	1996
ı	30. Nama and addr	ess of person who c	ompieted cause of de	ath (Item 23a) ((Type, Print)						

111 Penn Street, Baltimore, Maryland 21201

DHMH 16 Rev 6/95

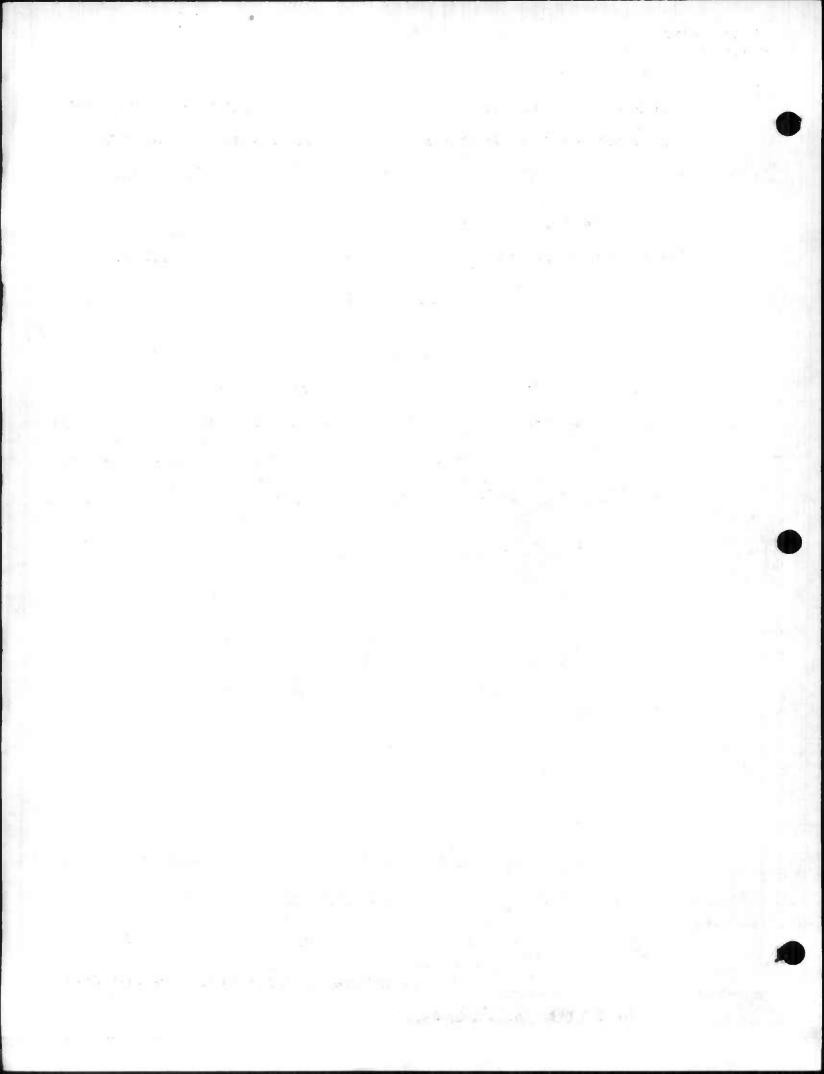
State

Registrar

lenhis

31. Date filed (Month, Day, Year)

JUL 3 1 199



State of Maryland / Department of Health and Mental Hygiene 96 23596

	Film	G7:	38 iten 23 per Dr. 8	-29-96 rja		Certific	ate of	Death			Reg. No).		
			1. Decedent's Neme (First, Middle, La	st)						2. Dete of De Month			Year	3. Time of Death
	Physici /Medi			Joseph J.	Nedwic	k, Sr.				July	26,	199		2240
	Exami		4a. Fecility Nema (If not institution, give	e street and number)				4b. City, Tov	wn, or Lo	cation of Death	40	. County o	of Death	
			Medpointe					Elkto				Ceci	.1	
	Funeral Director		222 05-1125	Sex 7. Aga XDM 2□F	(In yrs. last birt	Yrs. If Ur Mont	hs Deys	If Undar 2 Hours	24 Hrs. Min.	8. Date of Bir (Month, Da Sept. 20	th by, Year)	919	Cour	plece (Stete or Foreign ntry) IWare
	pu ≱		Usuel Residence of Decedent 10a. State 10b. County		10c. City, Towr	or Location							1	0d. Inside City Limits
	Aaryl	5	Delaware New Cast	-1e	New Ca									1 □ Yas 2 No
	15 Per 17	ect	10e, Street end Number				Zip Code				10a Ch	tizen of W	het Cour	ntry?
	With Sa or	Funeral Director	405 10th Street				1972	0				S.A.	not oou	ioy i
	Jeeth Fe 23	era	11. Marital Stetus	12. Wes Decedent E	ver in U.S.	13. Wes De			aln? (Spe	ecify Yes or No			- Americ	can indian.
21215-0020	within 72 hours effer deeth with the Maryland one. than "natural", or items 23s or 28s-f show to Medical Examinet must be incorried at	by	1 ☐ Nevar Married 2 🖔 Merried 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 X Yas 2 N If Yes, Give Yaer or Datas:	o WW II			an, Mexican Specify:	, Puerto	ecify Yes or No Rican, etc.)			white, Wh i	
5-0	72 ho	ted	15. Decedent's E	ducation	16a.	Decedent's L (Give kind of	isual Occup	oation	of work	ina	16b. K	(ind of Bus	siness/In	dustry
2	E	Completed	Elementery/Secondery (0-12)	College (1-4or 5-	H)	life. DO NO	T use retire	d)		riy				
	Should be filed with end Mentel Hygiene. Is marked other than eumatic event, than	S	7			Welder	/pipe					lding		
P	d off d off	Be	17. Fether's Neme (First, Middle, Last					18. Mothe		(First, Middle,				
yla	should and Men marke	2	Stephen N							Theresa	кај	pusta	1	
, Maryland	ges 1 and 2 should be filed within 72 hours it of Health and Mantel Hygiene. If item 27 is marked other than "natural", or other treumatic event, the Medical Exa		19e. Informent's Neme/Reletionship (Dorothy N. Broad	**	ghter 5	Merio	n Cou	rt - E		on, MD	er, City o		Stete, Zip	Code)
Baltimore,	permit. Pages 1 and 2 Department of Heelth of Important: If them 27 to any Injury or other tre		20e. Method of Disposition 1 🔯 Burial 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Øther (Specif	Removal from Steta	20b. Plece of cemeter. Gracel				1	7-30 1996				Delaware
alti.	ortar		21. Signature of Funeral Service Lices	111	120					mes, In		vast	ie,	Delaware
B	Depariment Important		11/com CA	Kirles	S	3924	Conc	ord Pi	ike,	Wilmin	gtor	n, DE	19	803
			23a. Pert1. Enter the diseese, or com shock, or heart feilure. List only	plicetions thet caused one ceuse on each line	the deeth. Do r e.	ot enter the r	node of dyl	ng, such es	cardiac o	or respiretory e	rrest,			Approximate interval Between
	Physician / Medical		Immediate Cause (Finel											Onset and Death 5 Months
T	Examiner		disaasa or condition resulting in death)	θ	rdial I							N		30 min.
		5			Due to (or as a c			Mo	nsu ii 11itu	n Dependa	ant L	nabet		4 Years
	uted J ansit	Examiner		b. Coron	_			. ne	IIIcu	3			- 1	20 yrs.
60,	be exec ician and buriel-tri		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disaase or Injury that initiated events		oue to (or es a c		ASI	estosi: iabete		llitus				9 Years 20 yrs.
ς 68760,	requires that the death certificate be executed seen signed by the ettending physician and hould be deteched for use as the burtel-transit	Medical	that initiated events resulting in deeth) Last	Hyoerte	oue to (or es a c Sion	onsequence	of):							4 Years
Box	ath ce ttend or us	lan/		d									1	
	e de the e	Physician	Pert II. Other significant conditions of	ontributing to death bu	t not resulting in	the underlying	ng causa gi	ven in Part i.		23b. Did	tobacco	use con	tribute to	the causs of death?
P.O.	that the de ad by the deteched		-Gastric	Carcinoma	_					10	Yes 2	No No	3 Pro	bably 4 Unknown
ds,	signed be del	b											0.45 141	- A A A A A A A A A A A A A A A A A A A
Records,	2 s 2	Completed								24e. Wes perfo	an auto rmed?	ppsy	co	ere autopsy findings eileble prior to mpletion of cause death?
	The lew rate has by page 2 st	E O								10	Yas 2	X No	10	□Yas 2□No
ita	lcian: The certificate rector, pag	Be	25. Wes case referred to medical					28. Plece	of Deeth	(Check only o	one)			
of Vital	7	To	exeminer? 1 ☐ Yes 2 🛣 No	Hospitel: 1 ☐ Inpatien	nt 2 ER/Out	tpatient 3	DOA Ott	ner: 4 🔯 Nu	rsing Ho	me 5 🗆 Resi	dance	8 DOthe	r (Specif	(y)
o uo	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		27. Menner of Death 1 🛣 Neturel 5 🗆 Pending investigation	28a. Dete of Injury (Month, Dey	Year) 28b. T	ime of njury M	28c. Inju Wo			28d. Describe				
Division	or Attendi efter death. Director: A i in by the fu	Certification:	3 Suicide 6 Could not b determined	28e. Plece of Injurbuilding, etc.	ry - At home, fer (Specify)	m, street, fed	tory, office			28f. Location (: City or To	Street a	nd Numbe e)	or or Rura	al Route Number,
_	Hospital 24 hours Funeral I		29a, Certifier 1 X Certifying Ph	ysician: To the best of	my knowledge	death com-	rad at the 41	ma date acc	d place	and due to the	causa/-) and	nor co	tated
	To the Hospital within 24 hours e To the Funeral I completely filled	edical		niner: On the basis of and menner stat	examinetion end	Vor Investige	tion, in my	ppinion, deet	th occurr	ed et the time,	dete en	d piece, a	nd due to	the ceuse(s)
	To To t	Σ	29b. Signature and title of certifier	,			29c. Licens							Dey, Year)
			Muy				D47	/11			July	y 30,	199	96
	10		30. Neme and eddress of person who	completed cause of de	eth (Item 23e) (Type, Print)								
	+11/1		David Gar-E1, M.			enue -	Nort	h East	t, M	D 2190	1			
	Sta Registr		31. Dete filed (Month, Day, Year)	32. Registre										
	negisti	aı	JUL 3 0 1996	Gulia Davidson	V-North									

DHMH 16 Rev 6/95

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	Plea			nd / Dep	partmer	nt of I	x. Assure A Health and I			71/	le.	23597
				C	ertificat	te of	Death		Reg. No).		
1. Decedent'a Nam	a (First, Middl	a, Last)						2. Date of D				3. Time of Death
Harry		Llewe	llyn	I	Naylor	•		July	28.	1996	'ear	4:20 AM
4e. Fecility Neme (I	If not institution	n, giva street end n	umber)				4b. City, Town, or I	V		. County of	Death	
Freder	ick M	emorial	Hospi	tal			Frede	rick		Fred	eri	c.k
5. Social Security N		8. Sex	7. Age (In yrs.			r 1 Year	If Undar 24 Hrs.			9). Birtho	lece (Steta or Foreign
219-36-49	949	1 X) M 2□ F	91	Yrs.	Months	Deys	Hours Min,	8. Data of B (Month, D SEP 6	, 190	04 S	abi l	lasville MD
Usual Residence of												
10e. Stete	10b. County			ity, Town or I							1	0d. Inside City Limits
MD	Frede	rick	Sal	billas	ville							1 □ Yas 2▼ No
10e. Street and Nur	mber				10f. Zip	Code			10g. Cit	izen of Wh	et Coun	try?
17301 N	Naylor	RD			2:	1780)		USA			
11. Maritel Stetus		12. Wes De	cedant Ever in U	J,S. 13	. Wes Dece	dent of	Hispenic Origin? (S	pecify Yes or N	0-	14. Raca -		
1 Navar Marri	led 2 Man		2 No				oan, Mexican, Puert	o Hican, atc.)	}		White,	
3 D Widowed	4 Divorced	If Yes, G Yeer or			1 Yes	2M No	Specify:			Specify:	WI	nite
/9-00	15. Deceden	t's Education	n	16e. Dec	edent's Usu	el Occu	pation	40%	16b. K	ind of Busi	nass/inc	lustry
Elementery/Seco		st grade completed	(1-4or 5+)	life.	DO NOT u	se retire	during most of wor	King	Vic	tor C	ulle	n Hospital
7		00090	(1 401 01)	Engi	neer							yland
17. Father's Nema	(First, Middle,	Last)					18. Mother's Nen	ne (First, Middle				
John R.	Naylor						Laura	Eva Fit	Z			
19e. Informant'e Ne				19b. Me	ling Address	s (Stree	t end Number or Ru	ral Route Numi	ber, City o	or Town, St	ete, Zip	Code)
Richard I	O. Navl	or		1730	1 Nav	lor	RD, Sabi	llasvil	le. l	MD 2	1780)
20e. Method of Disp V Buriei 2 I 4 □ Donation	Crametion	3 Kamovel from	State	Plece of Disposer	oosition (Name	me of other ple		Date	20c. Lo	ocation - Ci	Town	ship
21. Signature of Fu	mes f	Sowersox	ersoy	5	22. Nama ar	nd Addr	ass of Facility Grad ST Way	rove Fu ynesbor	nera o P		e,] 268	inc.
tmmediete Ceuse (rt failure. List	only one cause on	eech line.	un. Do not e	nter the mod	se or ay	ing, such es carolac	or raspiratory	errest,			Approximete Interval Batween Onset and Death
diseesa or condition resulting in deeth)	n	e. Il	paro -	or as e cons								2 days
		D.			equenca or):						1	2 days 3 days
0	Atat	b	reumor		, , , , , , , , , , , , , , , , , , , ,						-	o days
if eny, leeding to im cause. Enter Unde	nmadiete		Due to (or es e cons	equence or):						1	
Ceuse (Diseese or thet initieted events	Injury	c	District	Charles South								
resulting in deeth) L	Last		Dua to (c	or es e conse	quanca or):							
		d										
Part II. Other significant						_		23b. Did	tobacco	uae contr	ibute to	the cause of death?
							ed with	1	Yee 2			ebly 4 Unknown
non-ins	when	depende	nt du	ibetes	mel	lito	6 ,	24e. Wa: perf	s an autor ormed?	psy	ava	re eutopsy findings illable prior to inpletion of cause deeth?
Demer	tia							1 🗆	Yes 2	No	10	Yes 2 No
25. Wes casa referr	red to medical						26. Plece of Dea	th (Check only	one)			
exeminer?	No	Hospitel: 1 🗷	Inpatient 2	ER/Outpation	ent 3 DC	DA Ot	her:	ome 5 Ras		6 Other	(Specify	')
27. Menner of Death 1. Neturei 2 ☐ Accident	n 5 □ Pendin Investiç	9	of injury oth, Dey Year)	28b. Tima Injury	of A	28c. Inju Wo 1		28d. Describe				
3 ☐ Suicide 4 ☐ Homicide	6 Could r determ	not be ined 28a. Plec build	e of Injury - At h ling, etc. <i>(Specil</i>	ome, ferm, s	traet, fectory	y, office		28f. Location City or To	(Street ar	nd Number)	or Rura	Routa Number,
29a. Certifier (Check only one)	1X Certifyin 2 Medical I	Examinar: On the b	e best of my kno besis of exemine	owledge, dee etlon end/or l	th occurred nvestigetion	et the ti	me, date and plece opinion, deeth occur	, end due to the red at tha tima	cause(s) , date and	and menn d place, and	er as st	eted. the cause(s)

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

permit. Pagas 1 and 2 should be liled within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a4 show any injury or other traumatic event, for Medical Expringer (wait to notified at once.

Baltimore, Maryland 21215-0020

29b. Signature end titla of certifier

Director

Funeral

þ

Completed

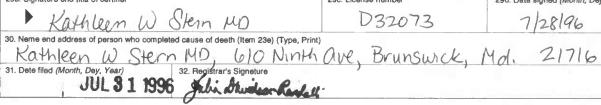
Be

Physician/Medical Examiner To the Hospital or Attending Physician: The law requires that the death certificate be associated within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the luneral director, page 2 should be detached for use as the burial-transit attending physician and d for use as the buriel-transit Be Completed by Medical Certification: To

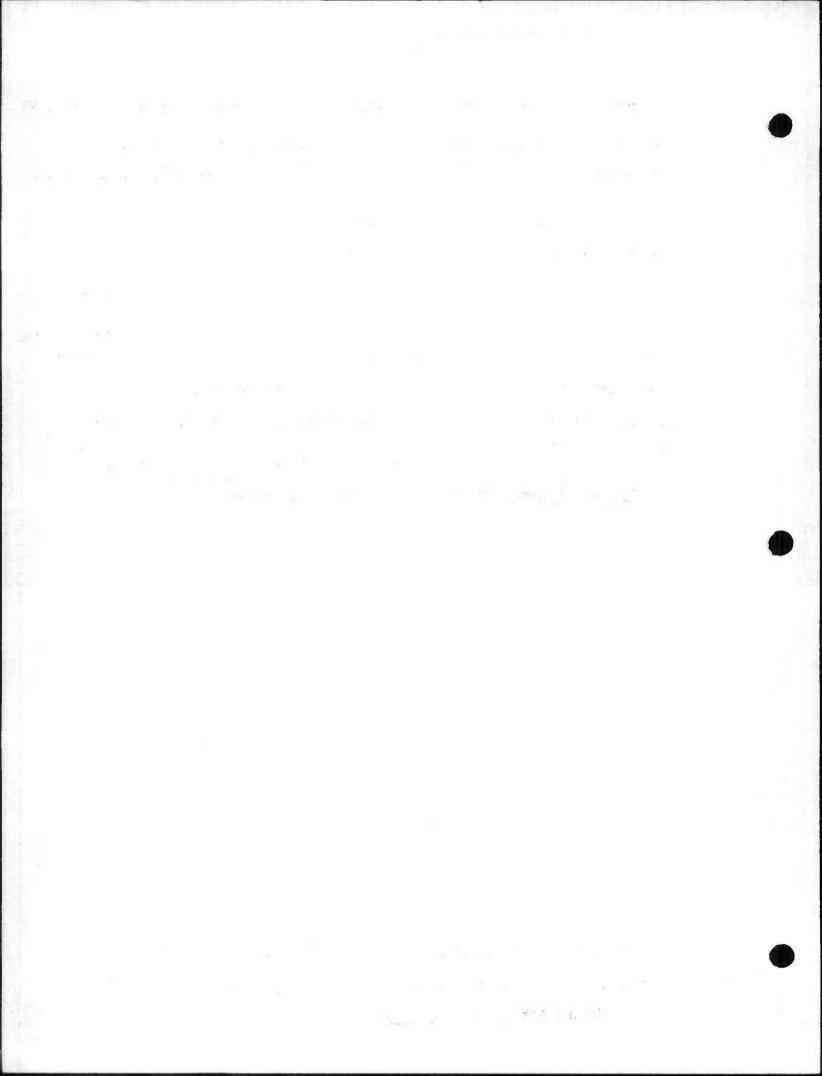
Division of Vital Records, P.O. Box 68760,

State Registrar



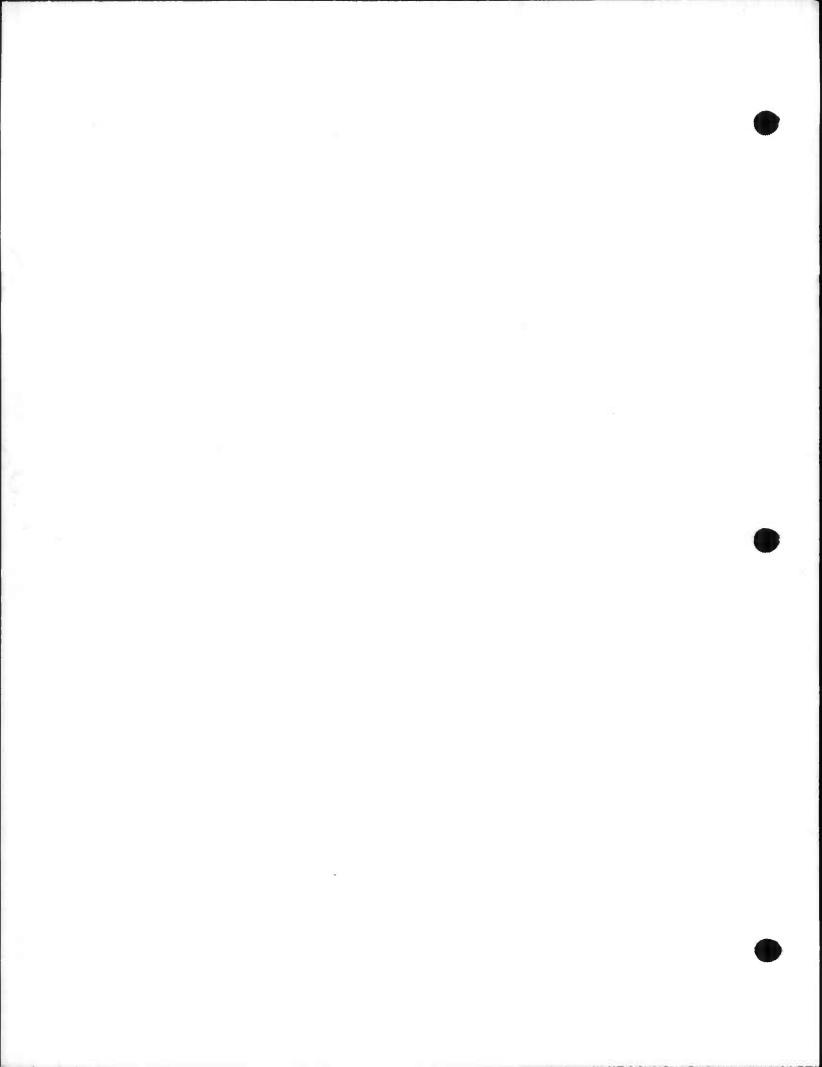
29c. License number

29d. Data signed (Month, Dey, Year)



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3	8		F
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ė	lely 1	natio	1, th
d wit	эшре	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	even
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	FOR		OTATE OF 1) (3598
_	1 - STATE REGISTRAR		STATE UF I	WARYLAND C	ERTIF	ICATE	OF D	ALTH AND EATH	MEI	NTAL HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, LOUIS		PRIDE							DATE OF DEATH MONTH UGUST 3,	AY 1996	YEAR	3. TIME OF DEATN 7:10 A M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. Is		IF UNDER 1 Y		F UNDER 24 HRS.	7. 1	DATE OF BIRTH (Month, Day, Year)		8. BIRTN	IPLACE (State or Foreign
	265-18-9212 9a. FACILITY NAME (If not ins		1 M 2 F	78	YRS.			LOCATION OF	S	EPT 16,	1917	WAS	SH., D.C.
OR	CUPPETT & W	VEEKS		HOME			AKLA		DEATH			ARRET	
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	Y		10c. CIT	Y, TOWN OR	LOCATION	N					10d. INSIDE CITY
	MARYLAND	PRIN	CE GEORGI	E ^t S	F	ORREST							LIMITS?
FUNERAL	100. STREET AND NUMBER 7420 MARLBO	ORO PI	KE					0689				IZEN OF V	VHAT COUNTRY?
IN I	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	TEVER IN U.S. A	RMED	13. WA	S DECENC	DENT OF NISP	ANIC O	RIGIN? (Specify Yes		14. BACE	E — American Indian,
æ	1 Never Married 2 1 3 Widowed 4 Divor	rced	IF YES, GIVE Y	WAR OR DATES		10	YES 2	NO Spe	city:	Herto Hican, atc.)		Speci	
ETED	15. DECE (Specify only Elementary/Secondary (0-	highest grade	CATION completed) College (1-4 or 5 -		ECEDENT'S Bive kind of Do NOT u	work done dun se retired.)	JPATION ing most of	of working		16b. KIND OF BUS	SINESS/INC	DUSTRY	
COMPL	unknown		0011000 (1-4 01 0	· .	nkno	wn				unkno	wn		
BE CO	17. FATNER'S NAME (Flist, Mic unknown	ddle, Lest)					14		Cnor	First, Middle, Malden W10.	Surname)		
10 B	190. INFORMANT'S NAME (TV.) CUPPETT& WE		UDCING H	DME 19						Number, City or Tow			550
	20a, METHOD OF DISPOSITIO	ON				OF DISPOSITION		R STREI	STS	OAKLA	ND, N		
	1 X Burlai 2 Cremation 4 Donation 5 Other	(Specify)		°°ÖÄKĨ	AND"	CEMETE	RY						RYLAND
	21. SIGNATURE OF POWERAL	SERVICE LIC	Du	t MOC	167			FUNEI			P.O.		243 MD 21550
	23. PART i. Enter the dis	seases, or c	complications that List only one csu	t coused the d	eath. Do i							_	Approximata Interval Between
	iMMEDIATE CAUSE (Find disesse or condition resulting in death)	ei	urinar	y tract	infe	ction							Onset and Death 2 days
_			DUE TO	(OR AS A CONSE	OUENCE O	F):							
CERTIFICATION	Sequentially list condition of any, leading to immed cause. Enter UNDERLYIN	ons, liete	DUE TO	(OR AS A CONSE	QUENCE O	F):							
TIFIC	CAUSE (Disesse or Injur that initiated events resulting in death) LAST		c. OUE TO	(OR AS A CONSE	QUENCE O	F):							
CER			d										
CAL	PART ii. Other significer multi inf			deeth but not	reauiting	In the unde	rlying ce	euse given i	n Part	i. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
/EDI									_	1 🗆 YES 2	NO NO		OF DEATH? 1 YES 2 NO
N.	DID TOBACCO US		RIBUTE TO CA					UNCERTA	IN E				
SICI/	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 X NO	MEOICAL	HOSPITAL:			OTHER:		Процент	• • •	Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATN		26a. DATE OF (Month, D	INJURY	28b. TIM	-	c. INJURY	AT	_	. DESCRIBE HOW II	NJURY OC	CURED	
BY	2 Accident	Pending nvestigation	28e, PLACE O	F INJURY — At h		M	☐ YES	2 NO	204	LOCATION (Commit			
ETED	4 Homicide	Could not be letermined	building,	etc. (Specify)	, , , , , , , , , , , , , , , , , , ,	street, ractory.	onica		201.	LOCATION (Street a City or Town, State)	na Numoer	or munai m	oute Number,
COMPLETED			CIAN: To the best of R: On the beste of e										and menner as stated,
BE C	29b. SIGNATURE AND, TITLE	2110	umer		10.		- 1 -	C. LICENSE N		×			(Month, Day, Year)
유	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type			D25759					3, 1996
	Walter K. Na			PO Box		106 C	emet	ery Rd	, A	ccident,	MD	2152	0
VA	AUG 0 5		The Da	Stear Rea	4								
			V										DHMH-16 Rev 1/89



Pages 1, 2, 3 should

permit. 1

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or hours after death. Page 6 may be retained by the hospital or attends	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		
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N: The	cate	State	Item
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PHY:	r this	th with	arked
NDING	E Afte	r deal	is a
ATTE	ECTOR	s afte	1 28
L OR	L DIR	hour	Hen
SPITA	INERA	thin 72	TANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
I	5	×	Z

TO THE HOSPITAL OF TO THE FUNERAL DID BE filed within 72 ho

2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 935 WINIFRED JULY 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) Aug. 22,1906 215-22-2513 HOURS 1 M 2 X F 89 Newfoundland YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Collingswood Nursing Home Rockville Montgomery RESIDENCE OF DECEDENT 10a. STATE 10h COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? New Jersey Mounth Keyport 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 50 Beers St. #2R 07735 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY SpecMy White 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) sales clerk pharmacy 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Benjamin Caleb Clarke Mary unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Herbert Blackwell/son 1640 W.8th St., Yuma, Arizona 85364 20e. METHOD OF DISPOSITION
135 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Glen Haven Memorial Park 8-2-96 Glen Burnie, Md. 4 Donation 5 Other (Specify) 22. NAME AND ADORESS OF FACILITY
MINNICH FUNERAL HOME 21. SIONATURE OF TUMERAL SERVICE LICENSEE 415 E.Wilson Blvd., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. **IMMEDIATE CAUSE (Final** Onset and Death PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): disease or condition_ WEEK resulting in death) AN SYNOROME CERTIFICATION Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 NO 1 _ YES 2 _ NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 26. PLACE OF OEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** HOSPITAL: OTHER:

*/ __ Nursing Home 5 Residence 8 Other (Specify) 1 TYES 2 X 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. id/or investigation, in my opinion, death occured at the time, date end placa, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER BE

OF DEATH (ITEM 27) (Type, Print)

G-002H 32. REGISTRAR'S SIGNATURE 2309 AHOREFIELD ROAD WHEA

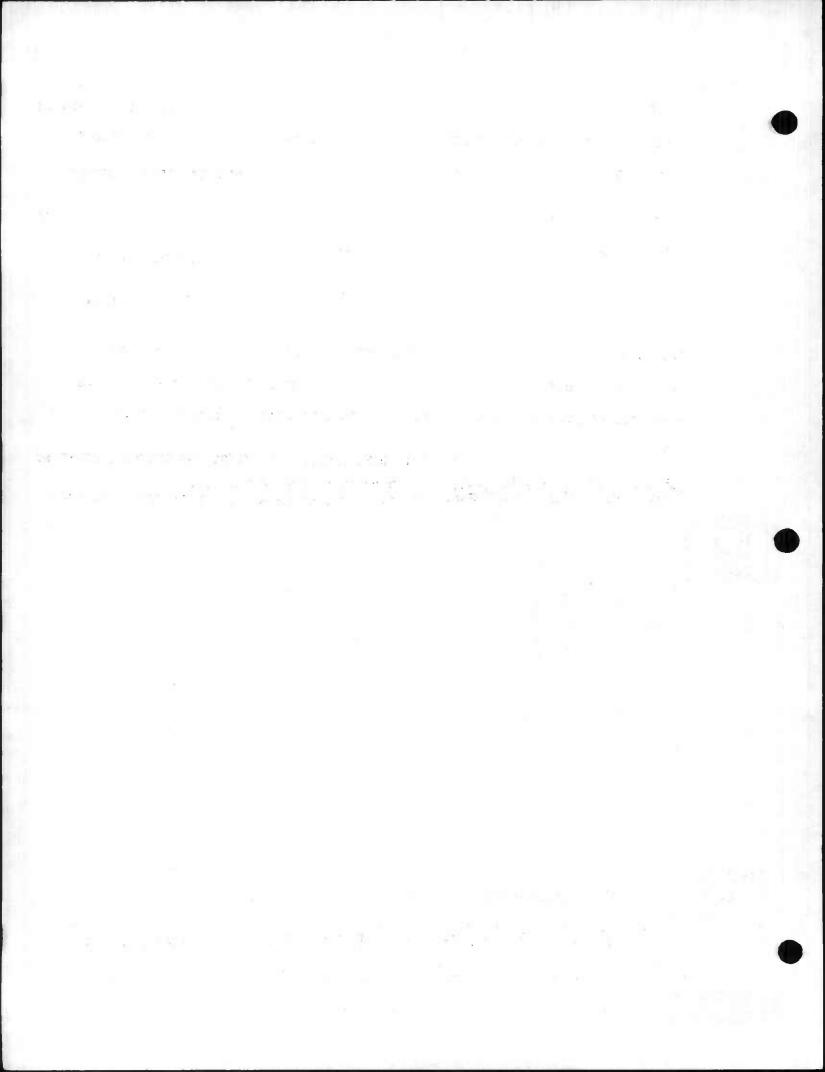
				State of Ma	aryland /	Department of Certificate	of Health and			36	23600
	N 150		1. Decedent's Name (First, Middle, Las	st)		o o i i i i o di co	o, Boui,	2. Dete of Dee	leg. No.		3. Time of Deeth
П	Physic		JOHN RANDELL QUE	Jul I				Month	Day	Yeer	9:45 PM
þ	/Med Exami		4e. Fecility Neme (If not institution, give				4b. City, Town, or	JULY Location of Deeth	28 , 3 4c. County	of Deeth	
			PRINCE GEORGE HOS	SPITAL CEN	TER		CHEVERL	Y	PRINC	E GEC	RGE
	Funeral Director		5. Social Security Number 6. Security Number 219-68-3158 Usuel Residence of Decedent	ÖM 2□F	(In yrs. lest b	rthdey) If Under 1 1 Yrs. Months D				9. Birthp Coun MARY	olece (Stete or Foreign http:/ LAND
	Mo #		10e. Stete 10b. County		10c. City, Tov	n or Location				1	0d. tnside City Limits
	Many	ō	MARYLAND CHARLES		MARBU	IDV					1 ☐ Yes 200No
	1 the	Director	10e. Street end Number		THILL	10f. Zip Co	de		Og. Citizen of V	Whet Coun	atry?
	3a o		#5360 BICKNELL ROA	AD		20	658				
	deeth	Funeral	11. Maritei Status	12. Wes Decedent E	ver in U,S.	13. Wes Deceden	of Hispenic Origin? (S	pecify Yes or No-	UNITED 14. Rac		an Indien,
21215-0020	build be filed within 72 hours efter deeth with the Maryland Mental Hygiene. arked other than "natural", or items 23s or 28s-f show atto event, the Medical Exemination rough be rectified	by Fur	1 ☑ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☑ Yes 2 ☐ N If Yes, Give Yeer or Detes:	0 1979- 1985	If Yes, specify	Cuben, Mexicen, Puèr No Specify:	o Rican, etc.)		k, White,	etc.
Ö	2 ho	3	15. Decedent's Edu	ucetion		. Decedent's Usuel O	ccupetion		16b. Kind of Bu		
215	hin 7	ple	(Specify only highest gred Elementery/Secondery (0-12)	de completed) College (1-4or 5-		(Give kind of work of life. DO NOT use r	lone during most of wo etired)	rking			
	filed within the Hygiene. other than	Completed	12TH GRADE	0010g8 (1 401 31		DILER PLAN	T OPERATOR		GOVER	NMENT	C
nd	be filed tal Hyg d other	Be	17. Fether's Neme (First, Middle, Last)					ne (First, Middle, i		,	
Xa	should by nd Menta marked umatic ev	2	JOHN WILLIAM QUEE	N			MARY JA	NE WARRE	N QUEEN	COLI	LINS
Maryland	2 sh end ls m		19e. Informent's Neme/Reletionship (T)				reet and Number or Ru				Code)
	C = 0 F		MARY JANE COLLINS	/ MOTHER			54 LA PLAT	A, MARYL	AND 20	646	
altimore,			20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ F	Removel from State	20b. Plece o	f Disposition (Neme or, cremetory or othe	of r plece)	Dete	20c. Location -	City or To	wn, Stete
	Peges ment of ant: If its ury or o		4 □ Donetion 5 □ Other (Specify)		ST. C.	ATHERINE C	HURCH CEM	8/1/96	MC CONC	HIE,	MARYLAND
Dal	permit. Pege Department (Important: If any injury or		21. Signature of Funeral Service Lord	unita for	MO058	THORNTON	ddress of Fecility FUNFRAL H VINGSTON R			D, MI	D. 20640
)	Physician /Medical Examiner		23a. Pert1. Enter the disease, or comp shock, or heert feiture. List only o Immediate Ceuse (Final disease or condition resulting in deeth)	e. Ca	LVdiA		PIVATO		RRE		Approximete Intervel Between Onsel end Deeth
	pe sit	je je		ACUTE	RES	PIRATO	RY DIS	LUESI	Syndi	rome	72hrs
9/00,	ficete be executed physician end is the buriel-transit	cai Examiner	Sequentietly list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initieted events	Sepsi	8	consequence of):					71WK
DOX DO	death certificete e attending physise e for use es the	ᇴ	resulting In deeth) Lest	d	ue to (or es e	consequence or);					
	deal deal	sici	Pert II. Other significant conditions con	ntributing to death but	not resulting in	the underlying ceus	e given In Pert i.	23b. Did to	bacco use con	tribute to	the cause of death?
S, T.O	v requires that the death certifi been signed by the attending should be deteched for use as	by Physician/Me	TRAUMATIC	Liver	LAC	ERATI	ONS	1 🗆 Y	2 No	3 Prob	pebly 4 □ Unknown
scords,	The law requires that the ate hes been signed by the page 2 should be deteche	Completed	TRAUMATIC !	LUNG C	ONTL		with	24e. Wes e perform	n eutopsy ned?	eve	ere eutopsy findings Bileble prior to Impletion of cause death?
Č	The it	E	CEREBRAL	CONTU	2.00	1		1 □ Ye	s 2 No	1	Yes 2□ No
	an: ntiffica stor, p	Bec	25. Wes cese referred to medicet	2014 10	21010		26. Plece of Dee	th (Check only on	T TYPE		7100 20110
_	Physician: The law this certificate hes ral director, page 2 a	To E	examiner?	lospitel:	2 □ ER/Ou	tpatient 3□ DOA	Other:	ome 5 Reside		er (Specify	()
5	neral		27. Menner of Deeth 1 □ Neturei 5 □ Pending	28e. Dete of Injury (Month, Dey	28b.	Time of 28c.	injury et Work?	28d. Describe ho			
N SIGN	Attending Physician: or death. ector: After this certific by the funeral director,	atic	2 Accident Investigation		16	M	1□ Yes 2 No	CAR	ACC	IDE	INT
	is of Attenders of Directed in by t	Certification:	3 ☐ Suiclde 6 ☐ Could not be 4 ☐ Homicide determined	28e. Plece of Injur- building, etc.	(Spanity)	m, street, fectory, off	ice	28f. Location (St. City or Town	reet end Numbe , Stete)	er or Rural	Route Number,
	To the Hospital or Attending Physician: The Is within 24 hours effect death. To the Funeral Director: After this cartificate he completely filled in by the funeral director, page	edicai	29e. Certifier (Check only one) 1 Certifying Phys	nician: To the best of ner: On the besis of e end menner stete	Adminietion en	, deeth occurred et th d/or investigetion, in r	e time, dete end piece ny opinion, deeth occur	, end due to the ce rred et the time, de	euse(s) end mar ete end place, e	nner as ste and due to	eted. the cause(s)
	To t To t	2	29b. Signeture end title of certifier Pul m.	30 (tri	le, r	10 D	26554		9d. Date signed		
			30 Name and address of person who so	malated source of de-	ab //u	T D.: ()					

State Registrar

31. Dete filed (Month, Day, Year)
JUL 31 1996

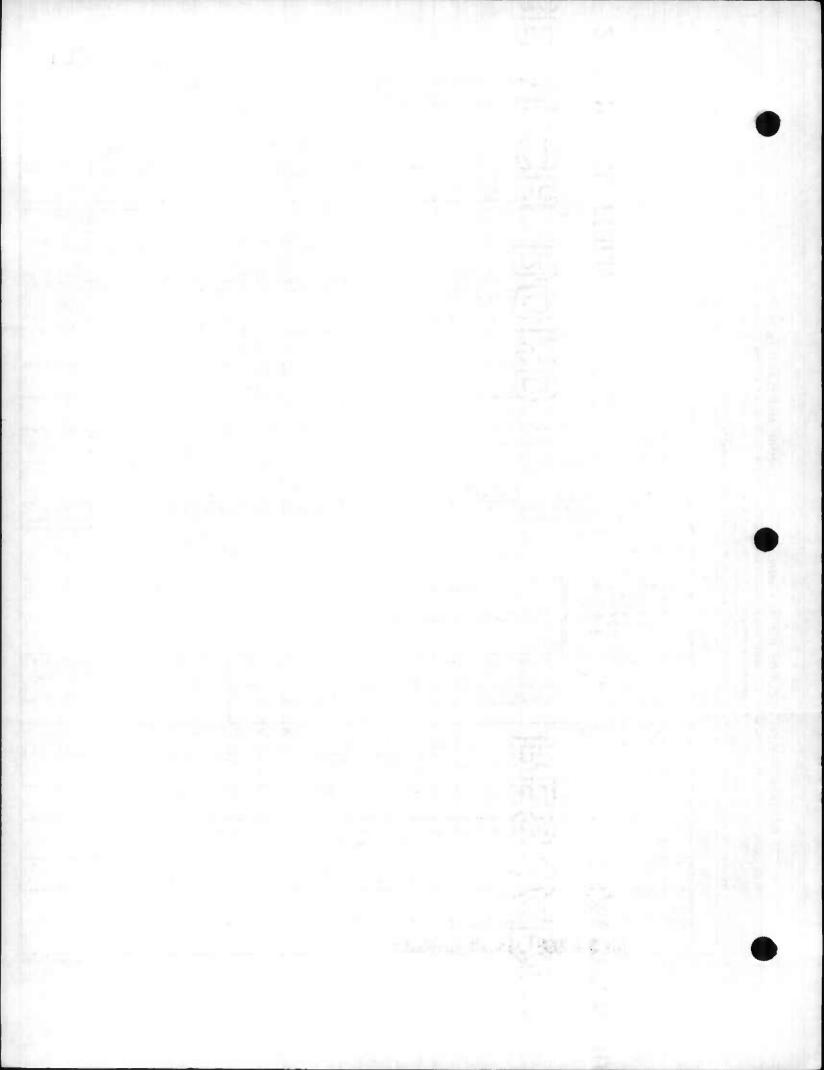
30. Name and eddress of person who completed cause of death (Item 230) (Type, Print)

Tercl M. 20 (+ick, MD 1782) FRALRY FARM Nd, ROCICUITE, MD 2085)



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFIC	CATE O	F DEATH	REC	3. NO.			
		1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF OE	ATH DAY	3	TIME OF OEATH	
		AMELIA	A MARY RAB	ASCO			July	14 199	6	5:45 A M	
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BUR	TH	B. BIRTHPL	ACE (State or Foreign	
		215-20-8414	1 M 2 F	90 YRS.	MONTHS DAYS	HOURS MIN.	May 12,	1906	Country)	cyland	
should		Se. FACILITY NAME (If not institution, give	street and number)		9b. CITY. TOWI	N OR LOCATION OF O			TY OF DEA	-	
ന	E										
. 2,	DIRECTOR	Frederick Health Care Center Frederick Frederick Frederick									
See	m	10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOC	CATION			10	d. INSIDE CITY	
2	ä	MD Wa	193		Hagersto	OWD.		1	LIMITS?		
permit. Pages 1,	4	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZI		AT COUNTRY?			
75	ER.	13040 Gordon Circ	217	740		USA	4				
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM			RMED 13. WAS DECENDENT OF HISPANIC ORIGIN			offy Yea or No			
215-0020 attending physic se as the burial		1 Never Married 2 Married	FORCES? 1 YE		If yes,	specify Cuben, Mexico	en, Puerto Ricen, e			- American Indian, Vhita, etc.	
- P	BY	3 🔀 Widowed 4 🗌 Divorced	ii 120, GIVE WAR OF	ORIES	''''	ES 2 NO Specif	ry:		Specify:	White	
115 trend	8	15. OECEDENT'S EOU		16a. DECEDENT'S U	ISUAL OCCUPA	TION	16b, KIND	OF BUSINESS/INDU	ISTRY		
2127 al or ath for use		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	ork done during retired.)	most of working	W. San				
S spital	PL						Bookkeeper				
AND the hospit detached	COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, I	Welden Sumamal	aring		
YLL be do the day		Santo Gallo			etterie	viaroori ourname)					
Bar bluc	BE	19a INFORMANT'S NAME (Type/Print)		Tab MAILING	OODESS (Sw.	it and Number or Rural					
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician. By the funeral director, page 5 should be detached for use as the burial-trainment must be notified at once.	임	194. INFORMANT'S NAME (Type/Print)	other								
		Raymond White, in				Circle,					
		20a. METHOD OF DISPOSITION 1 Burtal 2XX Cremation 3 Ran	novel from State	SMITHSOURS	er place)	Name of		Oc. LOCATION C			
MC direct direct		4 Donation 8 Other (Specify) 21. BIGNATURE OF FUNERAL SERVICEAL		Smithsourg				Smithsbu		daryland	
BALTIMOR ter death. Page 6 m.s the funeral director, wal.		I successful of reference services	CEMBER	,	DOU	and address of FA	ierv Fu	neral Ho	me		
dear dear		* Kelly U	your	ker	331	Eastern B	lvd. N.	. Hagerst	town.	MD 21742	
B. after by the removal offical of		23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
d in by the or remove		shock, or heart failure.	List only one cause or	aach lina.						Interval Between Onset and Death	
the the		disease or condition									
1 3 6 2		resulting in death) s									
C 68760 executed with and complet to burlal, crer matic event	_		202 10 (01.12	o A GONGEOGENGE OF	•						
OX 68 be be executed sicial and confirm to burish traumatic	6	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
	A	cause. Enter UNDERLYING									
O. B ertificate ing phys giene pi	윤	thet initiated events DUE TO (OR AS A CONSEQUENCE OF):									
eath certil attending mal Hygier	듩	resulting in death) LAST									
	CERTIFICATION		d								
0 4 5 5		PART ii. Other aignificant condition	ns contributing to deet	but not resulting in	the underly	Ing ceuse given In	Part I. 24a. V	AS AN AUTOPSY		ERE AUTOPSY FINDINGS	
The state of the s	EDICAL	Conseder	Helen	fail	Line			YES 2 NO	C	MILABLE PRIOR TO OMPLETION OF CAUSE	
0 5 5 5 8		Chini D.	Potrutis	6.0		Diene 1		res 2 Mino		F DEATH?	
RECUIPED Seen S	2		GARAGE ST	enecomo	My C	MAKREN				YES 2 NO	
DIVISION OF VITAL RE OR ATTENDING PHYSICIAN: The law requi DIRECTOR: After this certificate has been so ours after death with the State Dept. of H tem 28 is marked, or item 23 shov	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (C)	hack and and				
VITA AN: The tificate ha e State D	ii	EXAMINER?	HOSPITAL:		QTHER:						
F VIT.	<u>×</u>	27. MANNER OF DEATH	1 Inpetient 2 ER/O			ome 5 Residence					
PHYS this with with	ā	Natural 5 Pending	(Month, Day, Yea		RY	NJURY AT WORK?	28d. DESCRIBE	HOW INJURY OCCU	JRED		
ON OING PHYS After this death with	BY	2 Accident Investigation				YES 2 NO					
ISIC TTENDI TTOR: A after da	0	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (S	IRY — A1 home, farm, st (pecify)	reet, factory, of	fice	28f. LOCATION ((Street and Number of State)	r Rural Rou	te Number,	
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is mai	E	Trometos detairmined		131 ()							
		29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my kn	owledge, death occurred	st the time, d	ste and place, and due	n to the cause(s) a	nd manner as state	d.		
PITAL ERAL T: M	COMPL		ER: On the basis of examine							nd manner as stated.	
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 H		29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU				Ionth, Day, Year)	
五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五	B	6	1100	1. Min		Marie No	- las	/ DATE) /	/ /c/	
2 2 3	임	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Xan	Print)	11/3047	6 171	. /	11	7/25	
		Pri C	R- L	= MAM	71	1 - 1-	1 14	- 1		1 /21	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	CNATURE	300	W 471	6 1/1	rese.	reck	1114	
		1111 C A	A A A	divinione .						2/701	
		101 2 0 18	10 year who	secretarial.							



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middia, Last) 2. Dete of Death 3. Time of Death **Physician** Robison Harry *dunter* 0547 0 25 1996 /Medical 4a. Fecility Neme (If not institution, give street end number, 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Washington County Hospital Hagerstown Washington If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) If Undar 1 Yaar Birthpleca (Steta or Foreign Country) Funeral 1₩ 2□ F Months Deys Yrs. Director 70 220-16-1154 5/29/26 Maryland Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location ahow 10d. Inside City Limits the Medical Examiner must be notified at Maryland Washington 1 X Yes 2 □ No Director Hagerstown 288-11 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ò 12084 Oak Hill Avenue 21742 'natural', or items 23s United States death permit. Peges 1 and 2 should be filed within 72 hours effer deal Department of Health and Mental Hygiene. Important: if frem 27 is marked other than any injury or other traument. 12. Was Decedent Ever in U,S. Armed Forces? 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Yes 2 □ No t ☐ Nevar Merried 2 ☑ Married 1 ☐ Yes 2 ☑ No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Yaar or Detes: WW II Be Completed 16e. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grade completed) 16h. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Finance Officer 2 yrs. State Government 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) Harry Hunter Robison, Jr. Anna Virginia Seaman 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) John J. Robison - Son 118 Deep Dale Drive Timonium, MD 21093 20b. Plece of Disposition (Name of cematary, cremetory or other piece) 20a Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremetlon 3 ☐ Removel from Steta 4 ☐ Donetion 5 ☐ Other (Specify) Cedar Lawn Memorial Park 7/27/96 Hagerstown, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Douglas A. Fiery Funeral Home 1331 Eastern Blvd., North Hagerstown, MD 21742

Discussed the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate Approximate Intervel Between Onset and Deeth **Physician** ancreatic Cancer fmmediete Cause (Finel disease or condition resulting in deeth) /Medical 3 months Examiner Physician/Medical Examiner The law requires that the death certificate be executed the buriel-transit Sequentiafly list conditions, if any, leeding to immediata cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In deeth) Last Due to (or es a consequence of): P.O. Box 68760. Due to (or es a consequence of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 | No 3 | Probably 4 Unknown Records, Completed by director, page 2 should be 24b. Were autopsy findings evellable prior to 24e. Wes an autopsy performed? certificate has been Vascular completion of ceuse of deeth? 1 ☐ Yes 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Atlanding Physicien: within 24 hours after deeth.

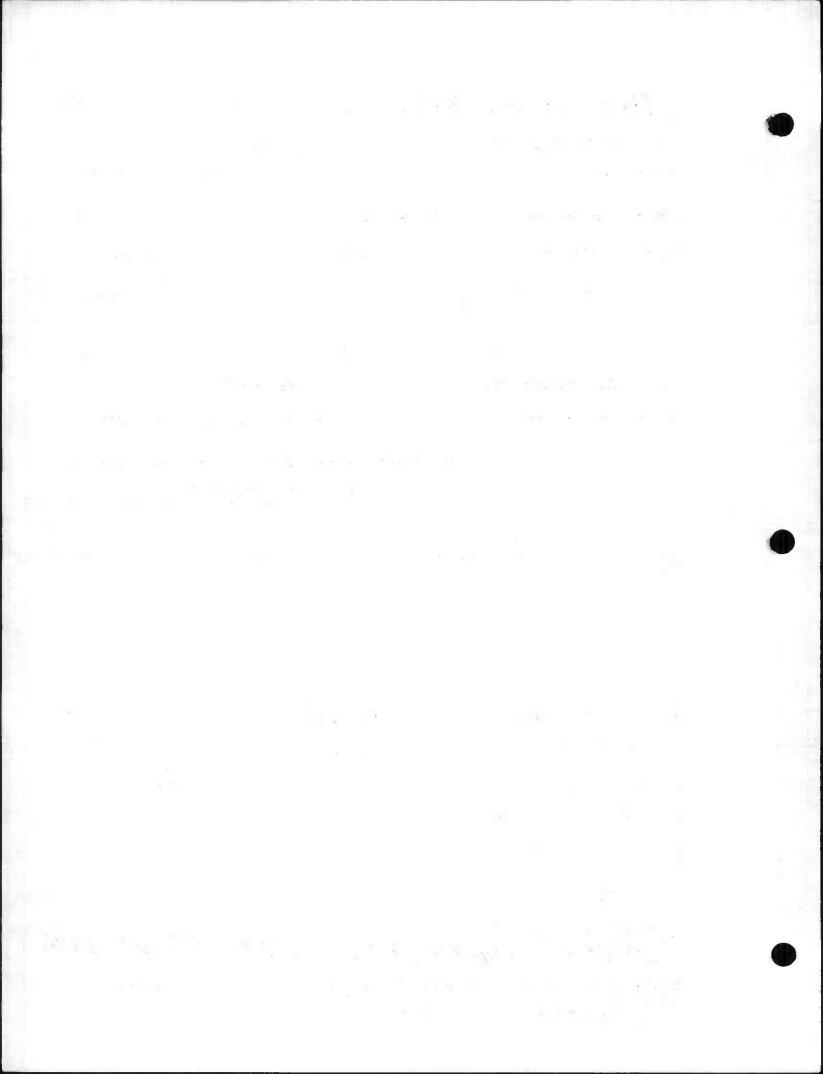
To the Funeral Director: After this certifica completely filled in by the funeral director; p Certification: To Be 25. Wes casa referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yas 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mennar of Deeth 28c. Injury at Work? 28b. Tima of 28d. Describe how Injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Sulcide 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 ☐ Homleide Certifying Phyeician: To the best of my knowledge, daeth occurred et the time, dete end piece, end due to the ceuse(s) end manner es stated.

| Medical Examiner: On the basis of axamination and/or investigation, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) end manner stated. 29e. Certifia Medical 29b. Signeture and title of oprtifier 29c. Licanse number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of eeth (ftem 23e (Type, Print) STEPHEN S. LIPPMAN 11110 MEDICAL CAMPUS Rd. HAG. Md. 21742 31. Dete filed (Month, Dey, Year) 32. Registrar's Signature State the Devolver Revoll

DHMH 16 Bev 6/95

Registrar

JUL 2 6 1996

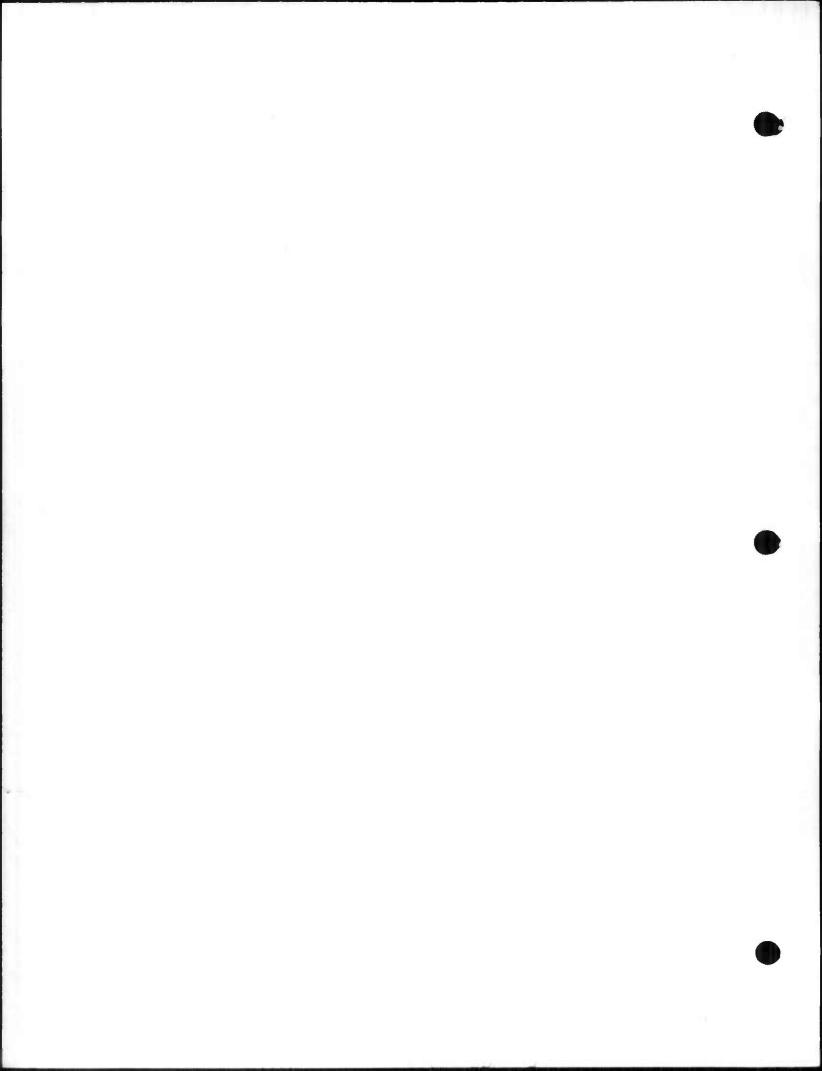


BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

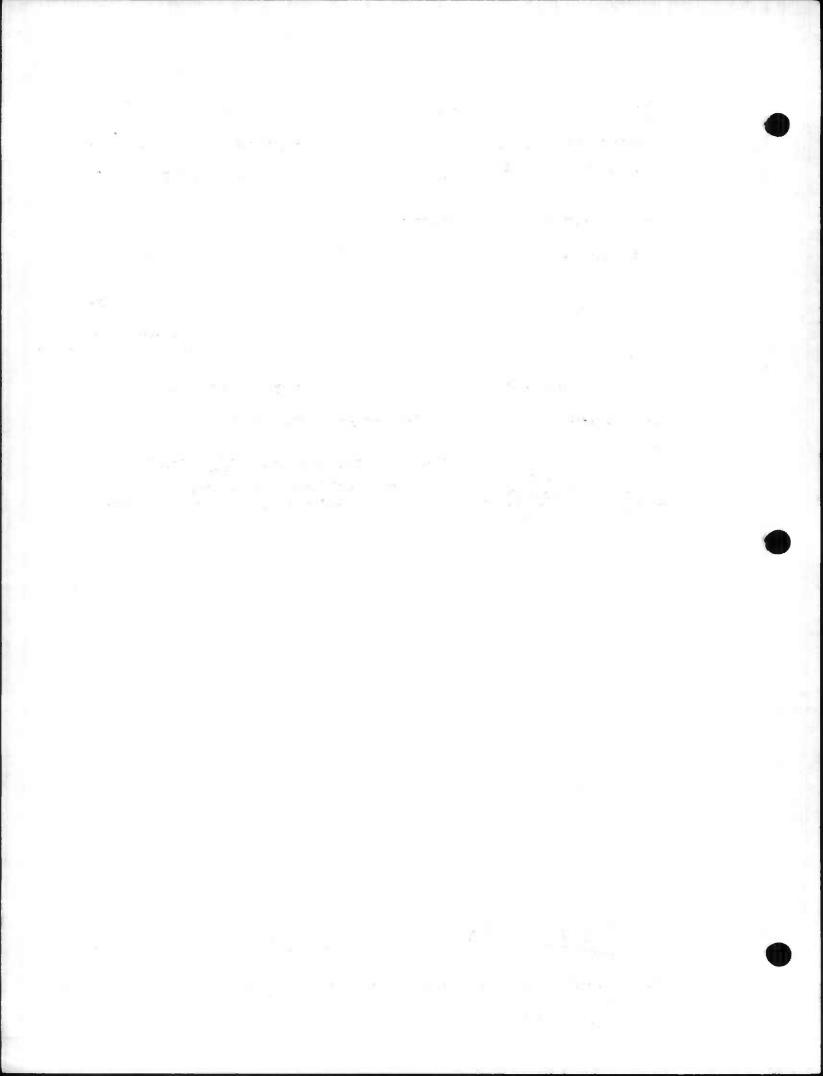
	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO	O.				
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	DAY	YEAR 0 - 20						
	Robert Gordon Ride					7	25 S	96 9:30 a M			
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	220-10-3172	1 M 2 D F	74 YRS.			9/1/21	100	Maryland			
~	9a. FACILITY NAME (If not institution, give str				OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH			
0	1036 Benjamin Place	ce		Hagers	town		Wash	nington			
EG	10a. STATE 10b. COUNTY		10e. CITY	TOWN OR LOCA	TION			10d. INSIDE CITY			
E	Maryland Wash:	ington						LIMITS?			
-	10e. STREET AND NUMBER	Ingcon	Пс	agerstov	/II		Tan OFFICE	1 X YES 2 NO			
FUNERAL DIRECTOR	1036 Benjamin Plac	ce			21742		United S				
<u>F</u>	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 VES	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Young, Puerto Rican, etc.)	es or No— 1	I. RACE — American Indian, Black, White, etc.			
B	3 Widowed 4 Divorced	FORCES? 1 YES	DATES		2 NO Speci			Specify:			
	15. DECEDENT'S EDUC	ATION TT	16a. DECEOENT'S U	ISHAL OCCUBATI		I sai yan as a	<u> </u>	White			
	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Give kind of w	ork done durina me	st of working	16b. KIND OF BI	USINESS/INDUS	STRY			
2	Elementary (0-12)	College (1-4 or 5+) 2 yrs.	Admir	nistrato	r	Airo	raft Mi	F~			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Z yrs.	_ ACMILLI	<u>usuau</u>		AME (First, Middle, Maide		19.			
<u></u>	Earl Andrew Rider	, Sr.				rene Gold		ı			
BE	19s. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street		Route Number, City or To	_				
2	Louise Stoner Ride	er - Wife				Hagerstown		21742			
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE O					y or Town, State			
1	1 St Buriel 2 Cremetion 3 Removed Property Prope	val from State Ce	metery, cremetory or oth Rest Hav	per place)	harv	7/27/96					
	21. SIGNATURE OF FUNERAL SERVICE LICE		Nest nav		D ADDRESS OF FA		nager	stown, MD			
	Douglas A. Fiery Funeral Home										
_	Lieucho A.	Fling		1331	Fasterr	Blvd No	orth F	Jaconstown MD			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one ceuse on each line. Approximate interval Between										
	MANEDIATE CAUSE (Final										
	disease or condition resulting in death) e. Sulf cell carcinoma fung The property of the control of the contr										
Ì	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions, Dus 70 (on so a consequence on										
Ĕ	the any, leading to immediate cause. Enter UNDERLYING										
5	CAUSE (Disease or Injury \$ c.										
Ē	thet initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
CERTIFICATION	d										
	PART II. Other significant conditions	contributing to deeth	but not reaulting in	the underlyln	cause given in	Part I. 24s. WAS AI		24b. WERE AUTOPSY FINDINGS			
EDICAL			RMEO	MAILABLE PRIOR TO COMPLETION OF CAUSE							
	1 TYES 2 NO										
≥	DID TOBACCO USE CONTR	IBUTE TO CALISE O	OF DEATH VE	ПИОГ	LINICEDTAI	N [1 YES 2 NO			
¥	25. WAS CASE REFERRED TO MEDICAL	DOIL TO CAUSE C	26. PLACE OF DEATH		UNCERIAL						
Sic		HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:		I a am see					
PHYSICIAN:	27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME			8 Other (Specify) 28d. DESCRIBE NOW	IN HIEV COO.	OED.			
	1 Netural 5 Pending	(Month, Day, Year)	INJU	RY WO	RK?	LOU. DESCRIBE NOW	HIJORT OCCUP	TED .			
B	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJUR	Y — At home, term et-			281. LOCATION (Street	and Number -	Dural Davin Numb			
COMPLETED	4 Homicide 8 Could not be determined	building, atc. (Spi	cify)	re-tory; office		City or Town, State) Number of	riurai Pioutei Number,			
<u> </u>	29a. CERTIFIER										
₽	(Check only 1 LIS CERTIFYING PRYSIC	IAN: To the best of my know									
္ပ		. On the pasts of sxamination	on and/or investigation	, in my opinion, d	eath occured at the	time, data and place, a	nd dua to the c	sause(s) and menner as stated.			
w	29h. SHGMATURE AND TITLE OF CERTIFIER	74			29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)			
2	Rd		Mo		026	579	1 7/	26/96			
	30. NAME AND ADDRESS OF PERSON WHO R.C. KUGLER	COMPLETTO CAUSE OF DE			AUF LIN	GERSTOWN	1 140	7.1742			
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	MIKEN	NUG. DH	GERS OUN	1110.	01.1			
	.111 2.6 199	1. 1. 1									



State of Maryland / Department of Health and Mental Hygiene 06 23601

						Cer	tificate of	Death		Reg. No.	0 2	23004		
	Dhusia	ion	1. Decedant's Nama (First, Middle	a, Last)					2. Data of D	eath Day	Vaar	3. Tima of Death		
·	Physic /Medi		Anna	Mary	Rudolph				July	30,	1996	2:55 pm		
	Exami	ner	4a. Facility Nama (If not institution	n, giva street and numbe	or)			4b. City, Town, or L	ocation of bea	th 4c. County	of Death			
L			Washington Cou					Hagersto			hingto			
ı	Funeral		5. Social Sacurity Number 214 09 4193	6. Sax 7. / 1 M 2	Aga (In yrs. last b	virthday). Yrs.	If Undar 1 Yaa Months Day		(Month, D		9. Birthp	iaca (Stata or Foraign try)		
	Director		Usual Rasidance of Decedant		80	110.			Feb. 28	, 1916	P	PA		
	A Mand		10a. State 10b. County		10c. City, To	wn or Lo	cation				1	0d. Insida City Limits		
	Mary Mary	ţ	MD Wash	ington	Hagers	town						1 Yas 2 No		
	7 28 P DOL	Director	10e. Street and Number				10f. Zip Coda			10g. Citizan of N	What Coun	itry?		
	death with the Maryland rms 23a or 28a-f show r.must be notified at		223 Alexander St.	(21740			US				
	oms orms	Funeral	11. Marital Status	12. Was Decedar Armed Force	nt Evar in U,S. s?	13. V	Vas Dacadant of Yas, specify Cu	Hispanic Origin? (Sp ban, Maxicen, Puarto	pecify Yas or N	0- 14. Rac	e - Amaric			
20	n 72 hours after death with the Maryler "netural", or items 23a or 28e-f show edical Examiner must be notified at		1 Navar Marriad 2 Marriad	riad 1 Yas 2 5	No		□Yas 2 N		,	Specify				
8	hour uraf	d by	3 ₩ Widowed 4 □ Divorced								WILL			
Maryland 21215-0020	n 72 net	Completed		it's Education st grada complated)	16	a. Deced (Giva I	ant's Usuai Occi kind of work don	upation a during most of worl ed)	king	American				
212	d within piene. r than	dw	Elamentary/Secondary (0-12)	Collega (1-4o	r 5+)		tende r	ed)			0	untry Club		
0	日子 日本	0	17. Father's Nama (First, Middla,	Last)				18. Mothar's Nam	na (First, Middle					
a	lid be lental ked o	To Be	01i	ver Franklin [aley			nbeck						
a _Z	Shou mark umark	-					g Address (Stree	et and Number or Ru			State, Zip	Code)		
	and 2 saith a n 27 is er trau	1	Ronald C. Barnha				, Hagerstown							
ore	-456		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramation	о. П.В	nomo t	of Disposition (Nama of Data 20c ary, crematory or other place)					Oc. Location - City or Town, Stata			
Baitimore,	nit. Pages antment of ortant: if its injury or o		4 Donation 5 Other (S			nt Hi	11_U.B. C	n, PA						
Sall	Departmen important: any injury and injury		21. Signature of Fynaral Sarvice trainsee 22. Nama and Addrass of Facility Minnich-Miller-May Funeral Home,											
	20119		tobut (May				ington St.,			7225			
			234 Parti. Entar tha disaasa, or shock, or haart fallura. List	complications that cause only one cause on each	ed tha daath. Do	not ente	or the mode of dy	ing, such as cardiac	or raspiratory	arrest,		Approximata Intarval Between		
	Physician	edical Examiner	1.80				1				1	Onset and Death		
	/Medical Examiner		immediata Causa (Final disassa or condition rasulting in death) a. Aenk Ros pisety for lime								1.5	2 hour		
			rasuling in deality	Chron	Due to (or as a	consequ	yence of).	vimons	discu		1			
Т	pet hsrt			6. Chron		elmo	,	Olway	Chrech		- 10	in knows.		
	el-tra	Exai	Sequantially list conditions, if any, laading to immadiate causa. Entar Undartying Cause, (Diseasa or injury c.											
09/90	e be sicia	cal	That initiated events											
Q	The law requires that the death certificate be executed ate hes been signed by the ettending physician and page 2 should be deteched for use as the buriel-transit	Medi	I assuring in Galatri) Last											
POX	ettendin for use	an.		d		-								
	that the death cer led by the ettendir deteched for use	Physician/	Part ff. Other significant condition	ona contributing to death	but not resulting	in tha un	darlying ceusa g	ivan in Part I.	23b. Dfd	tobacco use co	ntribute to	the cause of death?		
5.	at the	Phy								1 Yes 2 No 3 Probably 4 Unknow				
Ś	w requires that been signed to should be deta	by												
Hecords,	een s	Completed							24a. Wa	s an autopsy ormed?	ave	ara autopsy findings allable prior to		
a C	law les b	npie									of o	mpletion of cause death?		
E .	The page	Co							1 🗆	Yas 2 No	10	Yas 200 No		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ilcian: The lav certificate hes rector, page 2	Be	25. Was casa rafarred to medicel axaminar?	-				28. Placa of Dee	th (Check only	ona)				
5	this cai dir	2	1 Yas 2 No	Hospital: 1 1 inpai			3LI DOA			idance 6 □Oth		0		
DIVISION OF VITAL	Attending Physician: or death. ector: After this certific by the funeral director,	0	1 ☑Natural 5 ☐ Pandin		ay Year) 280.	Tima of Injury	28c. Inj W		28d. Dascribe	how injury occur	red			
2	f or Attending after death. Director: After In by the fune	Ical	2 ☐ Accidant invastic	not be	niun. At home f	arm etro]Yas 2□No	29f Location					
3	after Direction	Certification:	4 ☐ Homicida datam	building, a	njury - At homa, f atc. <i>(Specify)</i>	aiii, əile	iot, ractory, onice	,	281. Location (Straet and Number or Rural Routa Number, City or Town, State)					
	spita nours nerai		29a. Certifiar 1 Certifyin	g Physician: To the bes	t of my knowladg	e, daath	occurred at tha	ima, date end piece.	and dua to the	cause(s) and me	nnar as st	ated.		
	To the Hospital or Attending Physician: The Is within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical	(Check only 2 Medical one)	Examinar: On the besis and manner s	of axamination e	nd/or inv	astigation, in my	opinion, daath occur	red at the time	data and place,	and dua to	the causa(s)		
	Vithi To th	M	290. Signature and this of certifie	M	Λ.		29c. Licar	sa number		29d. Data signe	d (Month, I	Day, Year)		
			29		V		1	+7288		7-31	1-91	6		
			30. Nama and addrass of person		daath (itam 23a)	(Type, F								
			Dr Igbal	12821	Oak	Hi	11 Hue	Hage	rstow.	n, ml	21	742		
	Sta		31. Data filed (Month) Day, Year)	32. Regis	trar's Signatura	0 .	11			7				
	Registr	ar	AUG 0	2 1996 32. Regis	a officelest	TRAC.	226							
DUE	ILL 40 Day Ch	E .												

DHMH 16 Rav 6/95



hospital or attending physician. ached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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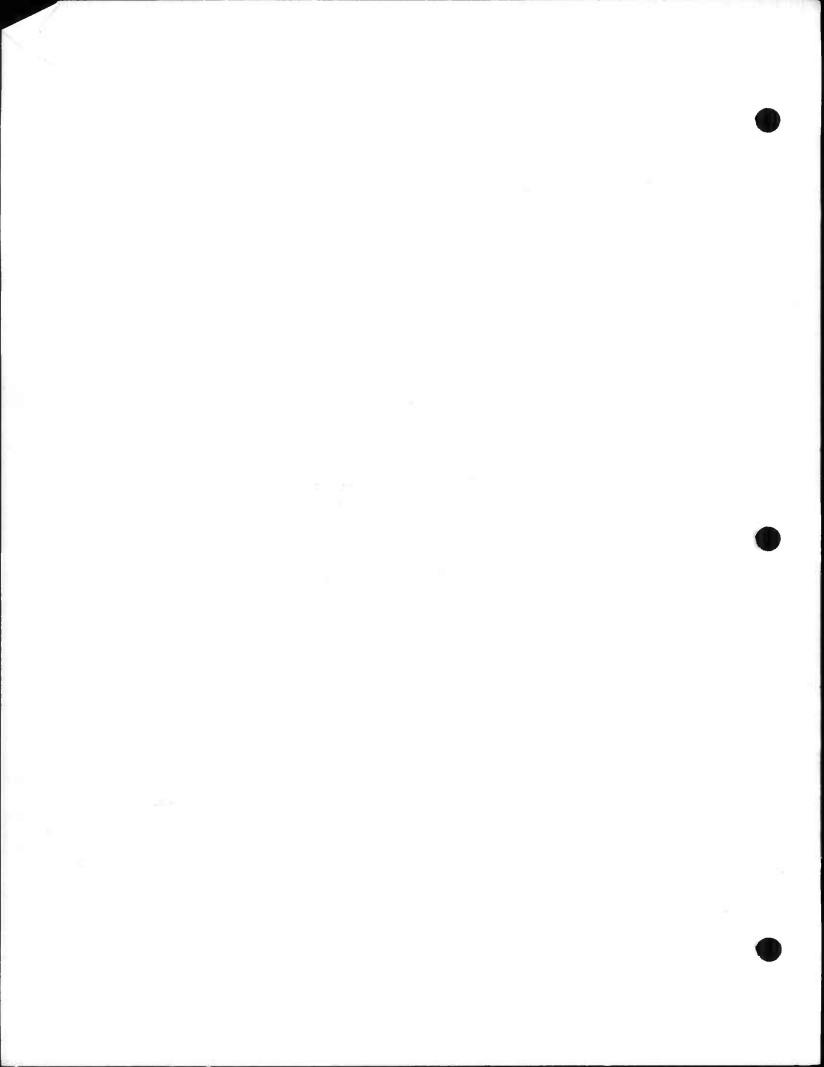
	FOR STATE OF MARYLAND 1 - REGISTRAR C		MENT OF H		MENTAL HYGIENE					
	DECEDENT'S NAME (First, Middle, Last)	LITTI	AIL OI	DLAIII	2. DATE OF DEATH		3. TIME OF DEATH			
	SAMUEL RAY STEYER, SR.				MONTH DAY	01	1345 PM			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	IPLACE (State or Foreign			
	234-46-6725 11. № 2 □ F 69	YRS.	DAYS DAYS	HOURS MIN.	JAN 29, 19	27 MA	ARYLAND			
OT.	9e. FACILITY NAME (If not institution, give street and number)	91		R LOCATION OF DE	ATH	9c. COUNTY OF D				
DIRECTOR	2735 GORMAN ROAD		OAKLA	ND		GARRE	TT			
EC	10e. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?			
	MARYLAND GARRETT	O.A	AKLAND				1 YES 2 NO			
3AL	10e, STREET AND NUMBER			ZIP CODE			OF WHAT COUNTRY?			
FUNERAL	2735 GORMAN ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A			21550		USA				
	11. MARITAL STATUS 1 ☐ Never Merried 2 ☒ Merried 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	NO NO	If yes, spe	ENDENT OF HISPAN city Cuben, Mexical 2 X NO Specify	IC ORIGIN? (Specify Yes on, Puerlo Ricen, etc.)	Blac	E — Americen Indian, k, Whita, etc.			
ВУ	3 Wildowed 4 Divorced		I TES	Z MU Specify		Spec	"Y" WHITE			
COMPLETED	(Specify only highest grade completed) (Give kind of work	UAL OCCUPATIO	N It of working	16b. KIND OF BUSI	NESS/INDUSTRY				
	Elementary/Secondary (U-12) College (1-4 or 5 +)	fe. Do NOT use re ARMAER	etired.)		GENERA	AL FARMI	NG			
N N	17. FATHER'S NAME (First, Middle, Last)	ARTALK		44 1407115710 114	ME (First, Middle, Meiden S		No			
	JOHN WESLEY STEYER		1			MPSON				
BE	19e. INFORMANT'S NAME (Type/Print)	9b. MAILING AD	DRESS (Street or	nd Number or Rural F	Toute Number, City or Town,	Stete, Zip Code)				
10	MRS. EVELYN STEYER	2735	GORMAN	ROAD	OAKLAND, MI	21550				
			DISPOSITION (Nat			ATION — City or To	own, Stata			
	4 Donetton 5 Other (Specify) WHITE CHURCH CEMETERY 8/2 OAKLAND, MARYLAND									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE P.O. BOX 243									
	M00167 DURST FUNERAL HOME - OAKLAND, MD 21550 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdice or respiratory arrest, Approximate									
CERTIFICATION	ahock, pr heert fellura. Liet pnly one cause pn each lir immediate cause pr conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in death) LAST	EOUENCE OF):	ima tr	C Cru	shinjum and Al	is ches	Interval Between Onset and Death Minut			
PHYSICIAN: MEDICAL (PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 246. WAS AN AUTOPSY PERFORMED? 1 VES 2 DIO 246. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO									
CIA	EXAMINER? HOSPITAL:	ACE OF DEATH ((Check only one)							
IYSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 27. MANNER OF DEATH 28s. DATE OF INJURY	3 🗆 DOA 4	☐ Nursing Home			ield				
	1 Netural 5 Pending (Month, Day, Year)	26b. TIME O	Y 28c. INJU Y WOI	RK?	28d DESCRIBE HOW IN	rolled a	DIELON			
ВУ	2 Accident Investigation 3 Suicide 6 Could not be 26e. PLACE OF INJURY — At 7	nome, farm, atre			261. LOCATION (Street an		Route Numbers - 1-1-			
回	Suicide 6 Could not be datarmined building, etc. (Specify)	Farn	1/Fi	eld	City or Town, State)	TOK M AM	RIVARIAN			
COMPLETED	29a. CERTIFIER (Check set: 1 CERTIFYING PHYSICIAN: To the best of my knowledge, c	death occurred a	at the time, date	end place, end due	to the ceuse(e) and mann	ner ee stated.	Ta Mile			
MO	(Check or physician: To the best of my knowledge, desth occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. (Check or physician: To the best of my knowledge, desth occurred at the time, date end place, end due to the ceuse(e) end manner ee stated.									
	296. WORNTURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	IBER	29d. DATE SIGNED	(Mgnth, Day, Year)			
TO BE	Isan Down males			H26.	154	1184	196			
F	Paul Davie Myler De. 20	EM 27) (Type, Pri	lary la	nd Hi	chway. O	akkund	1, MD 2155			
26	31. DATE FILED (Month, Day, Year) AUG 01 1995 32. REGISTRAR'S SIGNATURE	and a								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event—the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last) GERALDINE CATHER	INE SLONAK				2. DATE OF DEATH MONTH AUGUST	DAY	year 2:50 A m		
		5. SEX 8. AGE (In yrs last birthday) IF UNDER 1			IF UNDER 24 HRS.	7. DATE OF BIRTH	Ta	BIRTHPLACE (State or Foreign		
		1 □ M 2 🖾 F 74	YRS,	MONTHS DAYS	HOURS MIN.	AUG. 10,	1921	W. VA.		
or	Se. FACILITY NAME (If not institution, give atte				OR LOCATION OF D	DEATH	9c. COUNT	TY OF DEATH		
DIRECTOR	CUPPETT & WEEKS NURSING HOME OAKLAND GARRETT									
H.	10a. STATE 10b. COUNTY			10d. INSIDE CITY LIMITS?						
		RRETT		OAKLA			1 X YES 2 □ NO			
FUNERAL	101. ZIP CODE 109, CITIZEN OF W 201 MASON STREET 21550 JICA									
S		12. WAS DECEDENT EVER II	N U.S. ARMED		21550	NIC ORIGIN? (Specif)	USA	4. RACE — American Indian,		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	if yes, sp	ecify Cuben, Mexic 2 X NO Speci	an, Puerto Rican, etc.		Black, White, etc. Specify: WHITE		
ED	15. DECEDENT'S EDUCA (Specify only highest grade co	ITION ompleted	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF	BUSINESS/INDUS	STRY		
<u> = </u>	Elementery/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	e retired.)	st or working					
COMPLET	17. FATHER'S NAME (First, Middle, Last)		HOUSER	CEEPER			MESTIC .			
	CARL M. SLONAKEI	R			GERTRUD	AME (First, Middle, Mei)E	den Surname) BROOK	ζS		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or				
F	EVELYN STEYER			GORMAN		OAKLAI	ID, MD 2	21550		
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of CARRETT MEMORIAL GARDENS 8/5 OAKLAND, MARYLAND)									
	21. SIGNATURE OF PUNERAL SERVICE LICES	wsex		22. NAME AN	D ADDRESS OF FA		P.O. BC			
	Jaluit 29 d	fend	M00167	DURS'	T FUNERA	L HOME -		O, MD 21550		
	23. PART I. Enter the disesses, or conshock, or heert fallure. Li.	mplications that caused	the death. Do n	ot enter the mo	de of dying, suc	ch se cerdiac or re	spiratory srres	Approximate		
	IMMEDIATE CAUSE (Fine)									
	disease or condition resulting in desth) Acute myocardial infarction DUE TO (OR AS A CONSEQUENCE OF):									
z	Diabetes Mellitis Type II 8Ves									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF):							
E	resulting in death) LAST									
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WER									
ICAL	Rheumatoid arthri	tis, iron d	eficency	anemia,	atrial	PER	FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
MED	fribillation, hyp	othyroidism	, hypert	ension		1 [] YE	2 X NO	OF DEATH?		
PHYSICIAN: MEDI	DID TOBACCO USE CONTRI	BUTE TO CAUSE O	F DEATH YE	S INO	UNCERTAI	N 🗆				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	H (Check only one) OTHER:						
TYS	1 YES 2 NO 1	26e. DATE OF INJURY		4 X Nursing Hom-		8 Other (Specify)				
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TiMi		PK? ZES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	RED		
COMPLETED	- Account							Rural Route Number,		
温	290. CERTIFIER (Check only 1 XX CERTIFYING PHYSICIA	AN: To the best of my knowl	ledge, death occurre	d at the time, date	and place, and due	to the cause(s) and	manner as stated.			
O.	2 MEDICAL EXAMINER:	On the basis of examination	n end/or investigation	n, in my opinion, d	eath occured at the	time, date and place	end due to the o	cause(s) and menner as stated.		
BE (296. SIGNATURE AND TITLE OF CERTIFIER	-11/	5 /		29c. LICENSE NUI	MBER	29d. DATE S	BIGNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CALLED OF THE	www		D26650		8/	5/96		
	Margaret A. Kaiser		х 486, О	100	MD 2155	50				
6	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGN	ATURE							
2	AUG 0 5 1996	Juda dibetisor	ALACO A							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	CI		ICATE OF	DEATH	REG. N	0.				
	1. DECEDENT'S NAME (First, Middle, Lest) ROLAND S	HEPPAR		2. DATI			DATE OF DEATH MONTH DAY YEAR 2 1 696		3. TIME OF DEATH	ρ,	
OR	4. SOCIAL SECURITY NUMBER 5. SEX			IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 1 - 25 - 10		8. BIRTHE	LACE (State or Foreig		
	Se. FACILITY NAME (If not institution, give street and number) ECI Princess Anne 9b. CITY, TOWN OR LOCATION OF DEATH Prince										
DIRECTOR	10a. STATE 10b. COUNTY Delaware Sussex			r, town on Locat			10d. INSIDE CIT				
FUNERAL	RD. 1 BOX 296 C		l		ZIP CODE		1 ☐ YES 2X NO 109. CITIZEN OF WHAT COUNTRY? United States				
В	1 Never Married 2 WMarried FO	AS DECEDENT EVER IN U.S. AR PRCES? 1 TYPES 2 TYPE YES, GIVE WAR OR DATES	MED	If yes, sp	ENDENT OF HISPA ecify Cuban, Maxic 2 NO Speci	NIC ORIGIN? (Specify Y an, Puerto Rican, atc.) fy:	es or No—	BINCK,	- American Indian, Whita, atc. Black		
BE COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College 1 Oth	(G) (1-4 or 5 +)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Maintenance Man				18b. KIND OF BUSINESS/INDUSTRY Water & Sewer of Rehoboth				
	17. FATHER'S NAME (First, Middle, Last) John Sheppard				18. MOTHER'S N/	ME (Figst, Middle, Meide Sheppar	n Syrname)				
TO B	19a. INFORMANT'S NAME (Type/Print) Elaine Sheppard		RD.	ADDRESS (Street a	nd Number or Rural 296 C	Route Number, City or To Georget	wn, State, Zip	Code)	9947		
	20s. METHOD OF DISPOSITION 1 \(\overline{X} \) Eurisi 2 \(\overline{C} \) Cremation 3 \(\overline{R} \) Removal from State 4 \(\overline{D} \) Donation 5 \(\overline{D} \) Other (Specify) \(\overline{P} \) Donation 5 \(\overline{D} \) Other (Specify) \(\overline{R} \) Peoples Memorial Cem.										
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	- On		700m 309	g osesful North S	Teral Horat., Milfo	nes 1 ord D	9963 E.	3		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arreat, abock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a.S. QUAMOUS CELL CARCINOMA OF THE LUNG (RIGHT MONTHS) Due to (or as a consequence of):										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
DICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 14 YPENTENSION 24s. WAS AN AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY										
AN: ME	DID TOBACCO USE CONTRIBUTION	E TO CAUSE OF DEA	TH YE	S M NO	SEASE				1 YES 2 NO		
BY PHYSICIAN:	1 YES 2 NO 1 In	PITAL: patient 2 ER/Outpatient 3		H (Check only one) OTHER: 4 Nursing Hom	s 5 ☐ Realdence	8 KOther (Specify)	8 Kother (Specify) PRISON INFIRMARY				
ву Рн	1 Natural 5 Pending 2 Accident Investigation	Ba. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 1	RK? ES 2 NO	28d. DESCRIBE HOW	INJURY OCC	URED	Fil		
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, term, street, factory, office 28t. LOCATION (Street and City or Town, State)						and Number	or Rural Ro	ute Number,	1	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To 2 MEDICAL EXAMINER: On the								and menner as state	d.	
H	296. SIGNATURE AND TITLE OF CERTIFIER OGUNFOV	IDDA D D		1 h	29c. LICENSE NUI	MBER CO.O.	I .	/	Month, Day, Year)		
2	3. HAME AND ADDRESS OF PERSON WHO COMPL	LETED CAUSE OF DEATH (ITEM	27) (Type,	Print) P	U48	Now Pa	0.3 113		2137	71	
	OGUNFOWORA OLUSFGUN 30420 REVELLS NECK ROAD, WESTOVER, MD 131. DATE FILED (MONTH), Day, Year) 1111 24 1996 1122 A 1996										

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Leona Alexis Sheppard July 22, 1996 6:43 A.M. /Medical 4a. Facility Neme (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Southern Maryland Hospital Center Clinton Prince George's 5. Social Sacurity Number 6. Sax 7. Age (In yrs. lest birthday) Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) **Funeral** Birthplaca (Stata or Foraign Country) Deys 1□ M 2XX Monfhs Hours Director 052 50 8563 March 8, 1957 New York Usual Rasidence of Decedant the Meryland 10a. Stata 10b. County 10c. City, Town or Location 7 is marked other than "naturel", or items 23e or 28e-f show traumatic event, me Medical Examiner must be publised at 10d. Inside City Limits Maryland Prince Goerge's Clinton 1 Yas 2 XX Director 10e. Sfreef end Number 10f. Zip Code 10g. Citizan of Whet Counfry? 11632 Cosca Park Drive 20735 United States deeth Funeral 12. Was Dacedant Evar in U,S. Armed Forces?

1 ☐ Yas 2X No If Yas, Give Yeer or Datas: 11. Maritei Status Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Bieck, Whife, atc. 12 should be filed within 72 hours efter on and Mentel Hygiene.

Is marked other than "naturel", or item. 1 Never Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast greda complated) Eiamantary/Secondary (0-12) Collaga (1-4or 5+) 12 Respitory Theropist Southern Maryland Hosp. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be Theodore Alexandria Pitt, Sr. Mary Lee Hill 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) ages 1 and 2 nt of Health e If Item 27 is Andre' Sheppard 11632 Cosca Park Drive, Clinton, Md 20735 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition
1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramovel from State 20c. Location - City or Town, Stata permit. Peges 1
Department of H
Important: If ites
any injury or ott
once. Lee Crematory July 26, 1996 Clinton, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Addrass of FacilityLee Funeral Home, Inc 6633 Old 21. Signature of Funaral Service Liqu Alexandria Ferry Road, Clinton, Md 20735 a 23a. Part1. Entar the disease, or complications that caused the death. Do not anter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata al Baty Onsef and Death Physician /Medical Immediata Causa (Final disaasa or conditior resulting in deeth) . Metastatic Breast Cancer 3-4- Years Examiner Dua to (or as a consequence of): ettending physician and for use as the buriel-transit Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury) Dua to (or as a consequence of): 8 Physician/Medical that initiated events resulting In daath) Lesf Due to (or es e consequance of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 1 Yes XXNo 3 Probably 4 Unknown þ 24b. Wara autopsy findings aveileble prior to completion of cause of death? Completed 24a. Was an autopsy certificate has 1□ Yas ZENo 1 □ Yas 2 □ No 25. Was case rafarred to medical axaminar? Be 26. Plece of Deeth (Check only ona) Hospital: Other: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) P 1 ☐ Yas X No 15 Inparient 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral 28a. Data of Injury (Month, Dey Year) 27 Mannar of Death 28b. Tima of 28d. Dascribe how Injury occurred Certification: 28c. Injury at Work? 5 Panding invastigation 1 Yes 2 No 2 Accident 6 Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 3 ☐ Sulcide 28a. Piace of tnjury - At homa, farm, straat, factory, office building, atc. (Specify) 4 ☐ Homlcida

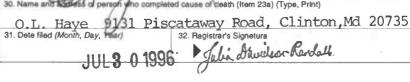
Box 68760. P.O. Division of Vital Records. To the Hospital or Attending within 24 hours after death.

To the Funeral Director: All completely filled in by the fu

> State Registrar

29a. Certifian (Check only 29b. Signature and title of

30. Name and 100 ss of person who completed cause of cleath (Item 23a) (Type, Print)



15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mennar as stated.
2 Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and mennar stated.

29c. Licanse number

D26352

29d, Data signed (Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene 96 23609

						Certificat	e of	Death	F	Reg. No.	0 6	. 0000
	L STATE		1. Decedent's Neme (First, Middle	Last)					2 Date of Dea	ith		3. Time of Death
u	Physici		Marjorie	Mae		SAVAGE			Month	Dey 19	Year 96	1958
	/Medi Examir		4a. Facility Neme (If not institution,			DAVAGE		4b. City, Town, or L	-	4c. County	140	1196
18	Exam.		Washington (County Hospit	·al			Hagerst	OWD	Wasi	hingt	on
Н	Funeral				(In yrs. lest birt	hdey) If Under		If Under 24 Hrs.	8. Date of Birth (Month, Da)		_	lace (State or Foreign
	Director		220- 06- 8224 Usual Residence of Decedent	1□M 21 F	57	rs. Montha	Days	Hours Min.	August	28,193	B Vi	rginia
	how		10a. State 10b. County	1	Oc. City, Town	or Location					10	Od. Inside City Limits
	Ma	io	Md. Washi	ngton	Воо	nsboro						1 ☐ Yes 2 🕅 No
	# 28	Director	10e. Street and Number			10f. Zip	Code			10g. Citizen of V	Vhat Count	try?
	th wi		5725 Moser Rd	_			21	713		U. S	S. A.	
	dea	Funeral	11. Marital Stetus	12. Was Decedent Ev Armed Forcas?	er in U,S.	13. Wes Deced	dent of I	Hispanic Origin? (Sp pan, Mexican, Puerto	ecify Yes or No-	14. Rac	e - America	
21215-0020	filed within 72 hours after death with the Marylend Hygiene. ther then "neturet", or flerne 23a or 28a-f show ent, the Medical Exercitor must be notified at	Completed by Fu	1 Never Merried 2 Merried 3 Widowed 4 Divorced			1 ☐ Yes			rican, etc.)	Specify	ck, Whita, e	ite
5	72 h	etec	15. Decedent' (Specify only highest	Education grade completed)	16a.	Decedent's Usua	ol Occu	pation during most of work ed)	ina	18b. Kind of Bu	siness/Ind	ustry
21	within ena. than	ğ	Elementary/Secondary (0-12)	Coilege (1-4or 5+)		life. DO NOT us	se retire	ed)	9			
7	and Mental Hygiena. Is marked other than aumatic event, the M	S	8			Homema	aker	-		Ow	n Hom	е
Pu	should be filed of Mental Hygi marked other imatic event, t	Be	17. Father'a Name (First, Middle, L	ast)				18. Mother'a Nam		Maiden Surnam	e)	
$\frac{1}{8}$	should Ind Mening Ind Mening	2	Michael Fox					Cora W	Mells			
Maryland	d 2 should th and Mer 7 Is marks traumetic		19a. Informant'a Neme/Relationah	p (Type, Print)	196.	Malling Address	(Stree	t end Number or Rur	ai Route Numbe	r, City or Town,	State, Zip	Code)
	CENE		John D. Savag	e/ Husband		5725 M	oser	Rd., Boo	nsboro,	Md. 21	713	
altimore,	nt of Hea		20a. Method of Disposition 1 □ Burial 2 ☑ Cremation		20b. Piaca of cemeter,	Disposition (Nan , crematory or o	ne of ther pla	ica)	Date	20c. Location -	City or Tov	wn, State
<u>E</u>	Peg ment mrt: h		4 Donation 5 Other (Sp.	ecify)	Smi	thsburg	Cre	ematory	7-29-96	Smit	hsbur	g, Md.
alt	permit. Peges Department of I Important: If the any Injury or of		21. Signeture of Funeral Service L	censee		22. Name an	d Addr	ess of Fecility	7606	Old Nat	ional	Pike
B	22 = 2		Etch 7 MA. UD	John H. Bast	t, Jr.	BAST I	FUNE	ERAL HOME,	Boon	sboro,	Md. 2	1713
			23a. Paral. Enier the disease, or	omplications that caused th	e deeth. Do n	ot enter the mod	e of dyl	ng, such es cardiac	or respiretory er	rest,		Approximete Interval Between
-	Physician		shock, or heart failure. List of	nly one cause on each line.							i	Onset and Deeth
2	/Medical		Immediete Cause (Final disease or condition	CA	RDI	AP	A	RREST				25min
	Examiner		resulting in death)	u		onsequence of):		14-6-1				Q 311111
_		Je.		7		F7+5		MECLIT	115		1	
	outed	Examiner	Sequentially list conditions	b	e to (or aa a c	onsequence of):		11(00)				
ó	an ar		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	P	02 8 51	I AD V	4	n TERY	DIS	ONE		
68760,	nte be nysici	Ical	Cause (Disease or injury thet initieted events resulting in death) Last	c. Du	e to (or es a c	onsequenca of):		110.6	0,00			
Box 68	eath certificate be executed attending physician and for usa as the burial-transit	an/Medical	resulting in death) Last	d)I ALM	750	0	NTERY ARDIOM	YO PA	711/		
	the atter thed for u	Physician	Part II. Other significant condition	s contributing to death but i	not resulting in	the underlying co	ause gi	ven in Part i.	23b. Dld to	obacco use cor	atribute to	the cause of death?
P.0	\$ > 2	hy		-		, ,					3 Prob	. /
		by F										
Records,	= 00 D								24a. Wes a	an eutopsy	24b. We	re autopsy findings
20	> 10 0	ple							perior	illed?	com	npletion of cause
æ	ician: The lav certificata has rector, paga 2	Completed							1 D Y	es 20 No	10	Yes 2□ No
Vital	iffical lor, p	60	25. Was case referred to medical					28. Place of Deat				100 2010
>		To B	examiner? 1 ☐ Yes 2 ☑ No	Hospitai: 1 ☐ Inpatient	2 DE ER/Out	patient 3 DO	Oti	har	me 5 Resid		or /Specify	
o	Phys or this aral di		27. Manner of Death	28a. Dete of Injury	28b. T		8c. Inju Wo		28d. Describe h			,
Division	Attending in deeth.	흕	1 Naturai 5 ☐ Pending 2 ☐ Accident investiga	tion 7/25/9	ear) in	jury M		rk?]Yes 2 □ No				
is!	Attend r deeth octor: /	fice	3 ☐ Suicide 8 ☐ Could no	28e. Pleca of injury building, etc.	- At home, far	m, street, factory	, office		28f. Location (S	treet and Numb	er or Rural	Route Number,
á	Dira d In	Certification:	4 Homicide	building, etc.	Specify)	CARDIC	DA	(ZWI	City or Tow	n, Stete)		
	Hospital 24 hours a Funeral i		29a. Certifier 1 Certifying	Physician: To the best of n	ny knowledge,	death occurred	et the ti	me, date and place,	and due to the c	ause(a) and ma	nner as ata	ated.
	To the Hospital or Attending I within 24 hours after deeth. To the Funeral Director: After completely filled in by the fune	edical	(Check only 2 Medical Es	caminer: On the besis of ex and manner atate	amination end	or investigation,	In my	opinion, deeth occurr	red at the time, o	late and place, a	ind due to	the cause(s)
	within To the Comp	Ž	29b. Signature end title of certifier			290	. Licens	se number	2	29d. Date signed	1 (Month, E	Day, Year)
			Drice	lunch			7)	47612		7/28	191	6
		-	30. Name and lundress of person w	ho completed cause of deel	th (item 23a) ((vpe, Print)		1 1 01)		. /		
			Dr Ahmed	11110 Mod	ical (a many		Haapro	Laun	ind.	21	740
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrar's	Signature	· · pus	1	11.7013	UV I	7		
	Registr		JUL 2	9 1996 Malia	divolar	Karlell						
_		_										

Amend #8 Wash. Co. L.B. Sully 30 1996. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 23610

					Ce	ertificate o	f Death		Re	g. No.		_ 0010
	Dhysic	ian	Decedent's Nama (First, Middla, La.					2.	Data of Deat		Year	3. Tima of Death
	Physic /Medi		PAULINE ELIZA	BETH SMIT	TH				JULY	25	1996	1100
J.	Exami		4a. Facility Neme (If not institution, give	a re-time to the time.			4b. City, To	own, or Local	tion of Deeth	4c. County	of Death	
			Washington County	y Hospital		-1.00757-4-000	Hage	erstow	m		hingt	
	Funeral Director		233-34-3576	Du okie	n yrs. last birthda 75 Yrs.	Months Day		Min. Se	(Month, Day, pt. 12	Year) 1920 -1996	9. Birtho Cour West	olaca (State or Foreign otry) Virginia
	pu .		Usual Rasidance of Dacedent 10a. Stata 10b. County		0c. City, Town or I	contion						
	Sa-f sho	ctor	MD Washi		oc. oxy, rown or r		erstow	n			'	0d. Inside City Limits 1 Yes 2 No
	23a or 2 ust be n	Funeral Director	1330 Potomac Ave	enue		10f. Zip Coda	21742		10	og. Citizan of US	What Coun SA	itry?
21215-0020	ges 1 end 2 should be filed within 72 hours after death with the Meryland to f Heelth end Mentel Hygiene. If it is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Medical Exercises must be notified as	by	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedant Even Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:	ar in U,S. 13	. Was Decedant of If Yes, specify Cu 1 ☐ Yes 2 N			y Yes or No- ean, atc.)		ce - Americ ck, White, by: Wh	
5-0	72 ho	Completed	15. Dacedent's Ed (Specify only highast gra	lucation de completed)	16a. Dec	edant's Usuai Occ a <i>kind of work d</i> on	upation	et of working	1	16b. Kind of B	usinass/Inc	dustry
21	within ene. then	- du	Elamentary/Secondary (0-12)	College (1-4or 5+)	lifa.	DO NOT usa reti	red)					
	filed w Hygier ther th	S	Unknown		Lab	oratory T					spita.	1
Maryland	H of H	Be	17. Fathar's Name (First, Middla, Last)				18. Mothe	er's Neme (F	irst, Middle, N	fa <i>iden Sum</i> an	na)	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	should be and Mentel merked o	P	Izra Cambell				Hatt	tie Le	e Robi	nson		
lar	2 sh		19a. Informant's Name/Ralationship (7	Type, Print)	19b. Mai	ling Addrass (Stre	et and Numb	er or Rural R	Route Number,	City or Town	, State, Zip	Code)
	end seith		Wayne L. Smith, S	Son	424	Jackson A	Avenue	North	, Jack	sonvil	le, F	la. 32220
altimore,	permit. Peges 1 and 2 Department of Heelth of Important: if hem 27 is any injury or other tre once.		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Othar (Specify			position (Nama of ematory or other pure arg Crema				Smiths!		Maryland
Balti	permit. Departminents Imports any inju		21. Signature of Funerel Sarvice Licen	Lount	11	22. Name and Add Douglas 7	rass of Facili	ry Fun	eral H	ome		
_	_	Н	220 Port Setes the disease or con	Juin		1331 East					cown,	
			23a. Part1. Entar tha disaasa, or comp shock, or heert failura. List only	ona causa on aach lina.						ist,		Approximete Interval Between Onset and Death
	Physician /Medicai		tmmediata Causa (Final	N- A	_		.]	-			1	Oriset and Death
	Examiner		disease or condition resulting in death)	a toul	e les	R. ta	· (ws	9			-	10 dens
		<u></u>	10.000	O Du	a to (or as a cons	uance of):		'	7.			
Т	bed is	Examiner		" Jerest	Chro	R. Far quance of): nie Ol	ostm	he	Pulm	m 1)	ween	, Serun Teo
	eeth certificete be executed attending physician and for use as the bunal-transit	xan	Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying	Du	a to (or es e conse	equance of):				1		
68760,	be eg		Cause (Disaasa or Injury	c								
87	ohys the	edicai	that initiated events resulting in death) Last	Du	a to (or as a conse	quence of):					i	
×	ding ding as as	≥		d.							i	
80	that the deeth ce ned by the attendia detached for use	Physician/		-							i	
o.	the s	sic	Part It. Other significant conditions co	ontributing to death but r	ot resulting In the	undarlying causa	givan in Part I	I.	23b. Dtd tol	baces use co	ntribute to	the cause of death?
P. 0.	d by		nennoma	l					1 1 Ye	s 2 No	3 Prot	bably 4 Unknown
ŝ	2 5 2	b		1								
Records,	neen Poul	Completed							24a. Was ar perform		ava	are autopsy findings alleble prior to mpletion of cause daath?
	The lew ate hes b page 2 s	E							1 □ Ya	s 2 No	1]Yas 2□No
ā		Be C	25. Was casa referred to medical				20 Place	o of Doeth /	Check only one			3.40 20110
>	ysician: The last certificate he director, page	0	axeminar?	Hospitai:	2∏ EB/Outpath	2004	ther-				(014	
Division of Vital	ng Ph fter thi	Certification: T	27. Manner of Death 1 Natural 5 Panding	28a. Date of tnjury (Month, Day Y	2 ☐ ER/Outpation 28b. Time Injury	of 28c. Inj	40140	280	5 Resida d. Dascribe ho			0
S	deat deat tor: / the	cal	3 ☐ Sulcida 6 ☐ Could not be		At home form a				Location /Str	roat and Alumi	har or Pura	I Pouto Number
2	or Ath efter d Direct in by I	늎	4 Homicida datarmined	28a. Placa of Injury building, atc. (- At noma, farm, s Specify)	treet, rectory, office	е	201	City or Town		er or Hura	I Routa Number,
	urs ours ellied											
	To the Hospital or Attendii within 24 hours efter death. To the Funeral Director: A completely filled in by the fu	edical	(Check only 2 Medicat Exam	vetcian: To the best of milner: On the basis of ax	amination end/or i	th occurred at tha nvestigation, in my	tima, data an opinion, dae	nd place, and oth occurred a	l dua to tha ca at tha tima, da	usa(s) and me ta end plece,	annar as st and dua to	ated. tha cause(s)
	the the	Med	Orie)	and mannar stated	l							
	5 ₹ 5 8		29b. Signature and title of certifier	w 171)	Zac. Licar	nsa number	101	29	d. Data signe	A I	ay, rear)
			1000	() 111	/	D	41	100		1/2	6/	1/
			J. Hencher	A MO 1	(Itam 23a) (Type 2 2 /	Oak Call	hill	owe	2 mg	14	مود	stowz,
1	Sta Registr		31. Dete filed (Month, Day Yaa) 0	996 32. Refoistrar's	Signatura	dell			MD	2179	40	

Registrar

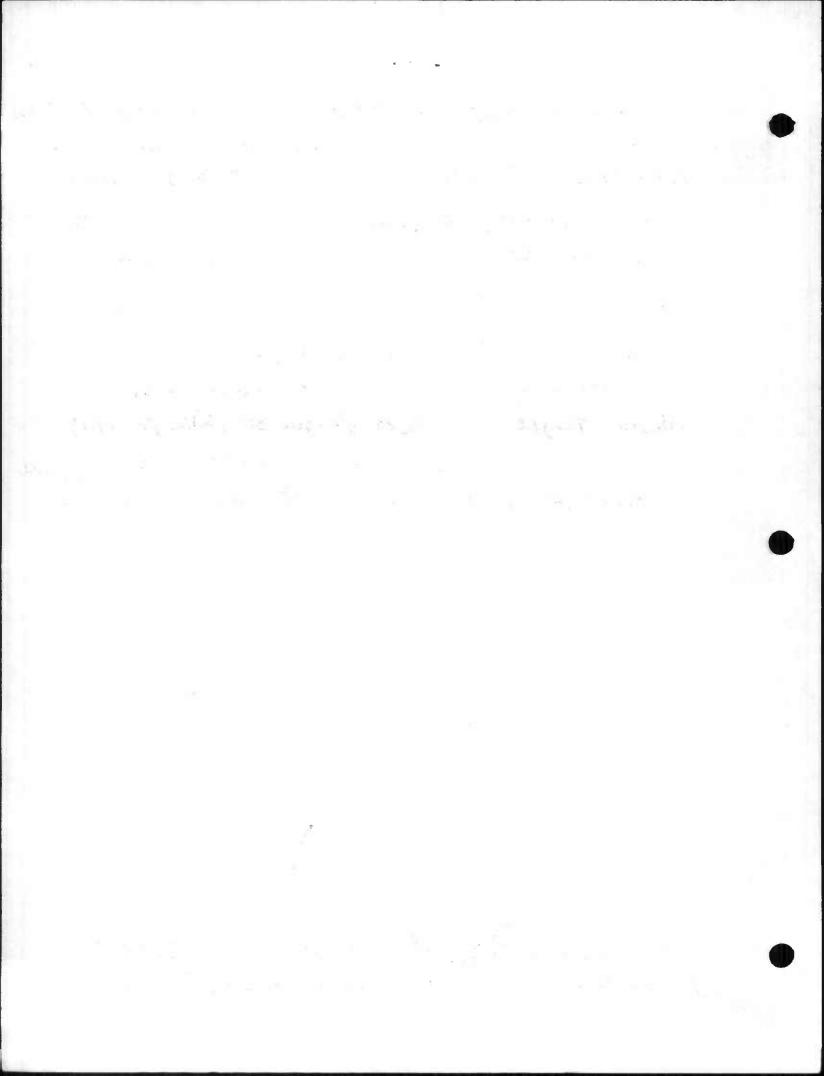


State of Maryland / Department of Health and Mental Hygiene

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23611

			C	ertificate of Death	Reg. No.	
			Decedant'a Nama (First, Middle, Last)		2. Dete of Death	3. Time of Death
	Physic		DNND MAD TO	1015	Month Day	Yaar 12.500
	/Medi		to Facility Name (March Institution of the March Institution of the Mar	MYLP	lacetion of Death	- 96 12:50 AM
	Exami	ner	4a. Fecility Nema (If not institution, give street and humber)			ounty of Deeth
			502 4th St.		10KE 4	VORCESTER
	Funeral		5. Social Security Number 6. Sex 7. Aga (In yrs. lest birthde	y) If Under 1 Yeer If Under 24 Hrs Months Days Hours Min.		9. Birthplace (Stete or Foreign
	Director		197-10-9637 10M 2 82 Yrs.	Months Days Hours Wills	3-23-14	Country)
	70		Usual Rasidance of Decedant			1112
	show		10a. State 10b. County 10c. City, Town or	Location		10d. Inside City Limits
	Many 4	ō	MP. WORCESTER POCON	- W =		Yas 2 No
	the Maryle 28e-f shor	9	MP. WORCESTER POCON 10e. Street and Number	O A E	10- 011-	
	를 호롱	ā	The Cot	Tor. Zip Code	10g. Crtize	en of What Country?
	23a	ra_	502 44 31.	21851		SAI
	72 hours after death with the Maryland natural, or items 23s or 28s-f show diest Examerer must be notified at	Funeral Director	11. Menital Status 12. Was Decedant Evar in U,S. Armed Forcas?	 Was Dacedant of Hispanic Origin? (5 If Yes, specify Cuben, Maxican, Puar 	Specify Yes or No-	. Race - Amarican Indian,
0	or it		1 ☐ Never Merriad 2 ☐ Married 1 ☐ Yas 2 ☑ No	- 41		Black, Whita, atc.
21215-0020	S	by	Widowed 4 □ Divorced if Yes, Give Yaer or Dates:	1 ☐ Yas 2 No Specify:	S	pecify:BLACK
9	naturaf	Be Completed	15. Decedent's Education 16a. De	edant'a Uauai Occupation	16h. Kind	of Businass/Industry
5	C	Set	(Specify only highest grade completed) (Gi	re kind of work done during most of wo . DO NOT use retired)	rking	
5	be filed within tal Hygiena. d other than "event, me Me.	Ē	Elemantary/Secondary (0-12) Collega (1-4or 5+)	11	11-	ME
	t Ped	ပိ	17. Father's Nama (First, Middle, Last)	TOME MAKER		711 C
Ĕ	should be filed nd Mental Hygi marked other imatic event,	Be		18. Mothars Na	ma (First, Middle, Maiden S	umame)
100		9	SAMUEL LONG	LULA	WILLIAM	MS
Maryland			19a. Informant'a Neme/Ralationship (Type, Plint) 19b. Me	iling Address (Street and Number or Re		
	DENA		Aloster Toucher 22.	28 SPAQUE S	- Philis	04 19119
á,	other tr		20a. Mathod of Disposition 20b. Placa of Dis	position (Name of		ation - City or Town, Stata
altimore,	00-			remetory or other place)	1 1-51 A	
Ë	permit. Pag Departmant Important: I any injury o		4 Donation 5 Other (Specify)	S HILL 1	-27-46 PO	COMOKE And
=	permit. Pa Departman Important: any injury		21. Signeture of Funeral Sarvice Licansee	22. Nama end Address of Fecility	70171 1111	COMOKE Md,
$\mathbf{\omega}$	Deparimon important in the series of the ser		Kaso - 11 +	I In IT		
			Tell Li Whaslon	PARTON /H		c, Uq. 23301
			23a. Part1. Entar the disaasa, or complications that caused tha daeth. Do not shock, or haart failura. List only ona cause on each lina.	ntar tha moda of dying, such as cardia	c or respiretory errest,	Approximeta Intarval Batween
	Physician		2 (Onset and Deeth
-1	/Medical		Immediata Cause (Finel disaasa or condition	MARCOC		
	Examiner		resulting in death) a. Dua to (or as a cons			
		ē	Dua to (or as a cons	equance oi).		
	ficate be executed physician and is the buriel-transit	Examiner	b	9		i e e
	certificate be executed ding physician and sa as the buriel-transi	xai	Sequentially list conditions, if any, laading to immadiata	equance of):		
Ő	sian ourie		cause. Enter Underlying Cause (Disaese or Injury			
68760,	ate t	/Medical	that initiated evants resulting in death) Last Dua to (or as a cons	equenca of):		
	certifica ding ph	9	Tooling in duality East			
X		3	d			
Ö	death e atten	Physician				1
o.	0 0 0	ysi	Part II. Other significant conditions contributing to death but not resulting in the	undarlying causa givan in Part I.	23b. Did tobacco us	ss contributs to the causs of death?
9	requires that the seen signed by th hould be detache	P			1 Yes 20	No 3 Probably 4 Unknown
	th se do	þ				
2	n sig	又			24a. Was an autopsy	24b. Wara autopsy findings
of Vital Records,		Completed			performed?	eveileble prior to completion of cause
ě	W 00 Cd	d.				of death?
=	E ag	3			1 ☐ Yas 2	No 1 Yes 2 No
100	dcian: The cartificata rector, pag	Be	25. Was casa raferred to medical	26. Placa of De	ath (Check only one)	
>	Physician: this cartific	70	axaminar? 1 Yas 2 No Hospitei: 1 Inpatiant 2 ER/Outpat	ant 3 DOA Othar: 4 Nursing F	loma 5 Rasidence 6	Other (Specify)
0			27. Mannar of Death 28a. Dete of Injury 28b. Time		28d Describe how injury	
Ö	Afte fund	5	1 Natural 5 Panding (Month, Day Year) Injury	Work? M 1 ☐ Yas 2 ☐ No		
S	the the	ca	3 D Suicide 6 D Could not be			
Division	tar di	듣	4 Homicida datamined 28e. Plece of Injury - At home, ferm, building, atc. (Specify)	streat, factory, offica	City or Town, State)	Number or Rural Route Number,
	al al	Ce				
	hour hour	- a	29a. Cartiflar Certifying Physician: To the best of my knowledge, de	ath occurred at the time, date and place	, and dua to the causa(s) a	nd mannar as stated.
	To the Hospital or Attending PP within 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral	edical Certification:	(Check only one) Medical Examiner: On the besis of examination and/or end menner stated.	invastigation, in my opinion, death occu	arred at the time, date and p	laca, and due to the cause(s)
	ithin of the	Me	29b. Signature and title of certifier	29c. License number	29d Data	signed (Month, Day, Year)
	F ≥ F 8			11412011		20191
			(haules Thus	2 1727/1	//	27/10
		I	30. Name and addrass of person who complated eduae of death (Item 23a) (Typ	e, Print)	24.0	
		4	500 market St Pou	omoke	(111)	21857
	Sta	te	31. Data filed (Month, Day, Year) 32. Registrar's Signatura		, , ,	- \/ 0 - /
	Registr	_	JUL 2 9 1996 Awden Rand			
			TO LIN U 1000 PIL CURUCKSCHAN	2.16		



State of Maryland / Department of Health and Mental Hygiene 23612 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death Month Day **Physician** 1115 AM /Medical Darrell Lee Thomas 07 1996 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** 304 W Main St. Rising Sun Cecil If Undar 1 Yaar tf Undar 24 Hrs. | Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Dec 3 1973 Birthplaca (State or Foreign Country) **Funeral** Days Months 1⊠M 2□ F Yrs 22 Director 219-76-2243 Maryland Usuai Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or flems 23a or 28a-f show traumatic event, the Modical Examiner must be notified at Director 1⊠Yes 2□No MD Cecil Rising Sun 10a. Street and Number 10f. Zin Code 10g. Citizen of What Country? 304 W Main St. 21911 death Funeral USA 12. Was Decedant Evar In U.S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 11. Marital Status 14. Race - American Indian, pernit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hyglene. Important: If Item 27 is marked other than "natural", or Item any injury or other traumatic event. In Medical Exerci-Black, White, atc. 1 Nevar Married 2 ☐ Married 1 ☐ Yes 2 🔀 No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ If Yes, Give Year or Dates: Specify: White 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Eiamantary/Secondary (0-12) Coltege (1-4or 5+) Never Worked Disabled Disabled 12 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Sumama) Be 2 Elmer S. Thomas Elwanda R Elliott 19a. Informant's Name/Raletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Daniel E Thomas 304 W Main St. Rising Sun MD 21911 20b. Piace of Disposition (Name of cematery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriat 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) West Nottingham Cemetery 7-30-96 Colora MD 21. Signature of Funeral Service Licenses 22. Name and Addrass of Facility R. T. Foard Funeral Home, P.A. 111 S. Queen St. Rising Sun MD 21911 23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast thock, or heart safure. List only one cause on each line. Approximata Interval Between Onset and Deeth **Physician** immedtata Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or as a consequence of) Examiner iclan and burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to for as a consequence of): physician s the burial Division of Vital Records. P.O. Box 68760. Physician/Medical Due to (or as a consequenca of): use as I attending lor Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 4 signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peed has page 2 2 No certificate 1 Yes 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica 25. Was case referred to medical axaminer? Be 26. Piace of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 157 Yes 2 No 1 Inpatient 2 P/Outpatient 3D DOA funeral 27. Manner of Death 28a. Date of injury (Month, Day Year) 28c. injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Acefdent 3 Suicida 6 Could not be 28f. Locatton (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Home To the Hospital of within 24 hours a To the Funeral D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner es stated.
2 Medicat Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29e. Certifier Medical 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) P. Weber, MD Union Hospital 106 Bow St. Elkton MD 21921

State Registrar 31. Date fited (Month, Day, Year)

JUL 2 9 1996

32. Registrar's Signature

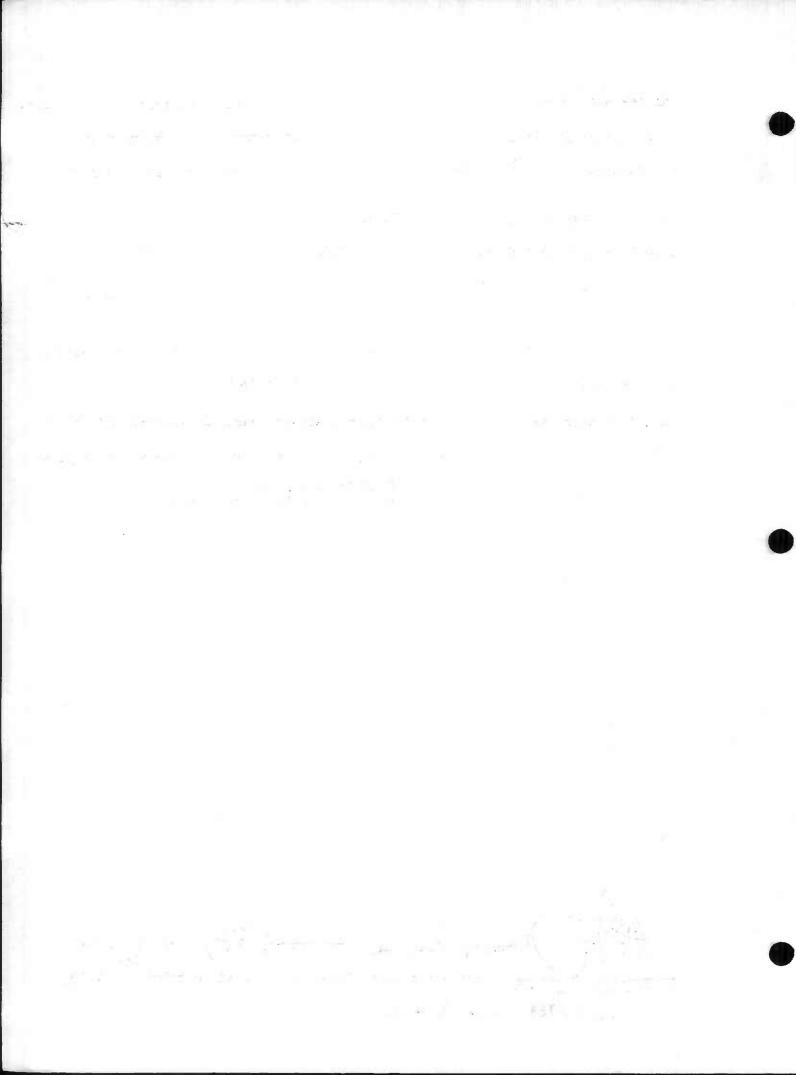
N. 20 1 4 "

State of Maryland / Department of Health and Mental Hygiene 96

96 23613

						Certificate	of Death	Re	eg. No.		
	Physic		1. Decedent's Neme (First, Middle, La Shirley Ann THOM					2. Data of Death	th	Voor	Time of Death: 30 a.m
	/Medi Exami		4a. Fecility Name (If not institution, giv 5114 General Stu				4b. City, Town, or Sharp	Location of Death	4c. County		
	Funeral Director		5. Social Security Number 214-36-0109 Usual Rasidence of Decedent	ex 7. Ag	ge (In yrs. lest bi 58	rthday) If Under 1 Yrs. Months	Year If Under 24 Hrs Days Hours Min		Year) , 1938	9. Birthpleca Country) Maryl	(State or Foreign
	yland		10e. Stete 10b. County		10c. City, Tow	n or Location				10d. Ir	nside City Limits
	e Mar	Director	MD Washi	ngton		Sharpsbu	ırg			1	☐ Yes 2☑ No
	19 P	Dire	10e. Street end Number			10f. Zip 0		10	0g. Citizen of W		
	seth v	erai	5114 General Stu	12. Wes Decedent	Ever in II C		.782	Sanak Van an Na	USA		dian
21215-0020	a within 72 hours after deeth with the Maryland piene, in than "naturet", or items 23s or 28s-4 show the Marical Exprense must be notified at	by Funeral	11. Marital Stetus 1 Nevar Married 2 Merried 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yas 2 ☒ I If Yes, Give Yaer or Datas:		If Yas, specif	nt of Hispanic Origin? (: y Cuban, Mexican, Puar D No Specify:	to Rican, atc.)		a - American In k, White, etc. Whit	
5-0	72 ho	Completed	15. Decedant's Ed (Specify only highast gra	lucation de completed)	16e	. Decedent's Usuel	Occupation	nakina	16b. Kind of Bu	siness/Induatry	/
121	within ene.	mpl	Elementery/Secondery (0-12)	College (1-4or 5			done during most of wo retired)			,	
	高支電点		11. 17. Fether's Neme (First, Middle, Last)	1	n	ursing as		me (First, Middle, M	rivate Meiden Sumemi		ursing
Maryland	S E D S	To Be	Wilbert Lapole				Edna		norodii obinami	w)	
ary	& DEE	-	19e. Informent's Neme/Reletionship (Type, Pnint)	198	o. Melling Address (Street end Number or R	ural Route Number,	, City or Town,	Steta, Zip Code	9)
	and 2 eaith a n 27 is		Leon A. Thomas,	Sr.	51	14 Genera	1 Stuart C	ourt, Sha	rpsburg	g, Md.	21782
ore	Pages 1 nent of H int: If item		20e. Mathod of Disposition 1 X Burial 2 ☐ Cremation 3 ☐	Removel from State	20b. Plece o	f Disposition (Nemerly, cremetory or oth	er plece)		20c. Location - (City or Town, 9	Stete
Baltimore,	t. Partmen		4 Donetion 5 Other (Specifi		Mt. V	iew Cemet		9/96	Sharpsb	urg,Ma	ryland
Bal	permit. Pages 1 and 2 Department of Health a Important: If Itam 27 is any Injury or other trai once.		21. Signeture of Eunerel Sarvice Lican	Mis	nuce	MINNICH	Address of Fecility I FUNERAL H Vilson Blvd		own, Md	1. 2174	0
			Pert1. Enter the disease, or com shock, or heart feilure. List only	olicetions thet caused one ceuse on each li	the death. Do					App	roximete rvel Between
	Physician /Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)	· G	CHEY	CIA				W	at and Death
	320	Per		6		consequence of):				11,	21
	cuted	Examiner	Sequentially list conditions	b	Pue to (or es e	consequence of):				10	WW H
Ö,	e axee lan ar urief-t		Sequentielly list conditions, if any, leeding to immediate cause. Entar Underlying Couse (Disease or Injury	00	Arca		mul			6	1901
68760,	eath certificate be axecuted ettending physician and for use as the burief-transit	edical	that initiated events resulting in death) Lest	c	Due to (or es a	consequence of):	(0000)			V	17
Box	that the death cert hed by the ettending detached for use	sian/M		d							
0	by the ached	Physician/	Pert II. Other significant conditions of	ontributing to death be	ut not resulting i	n the underlying cau	se given in Pert I.			tributs to the	cause of death?
S, D	es tha igned be del	by P							2010		
Record	aw requir 1s been s 2 should	Completed						24e. Wes ar perform	n eutopsy ned?	avallable	utopsy findings a prior to tion of causa 1?
	The Bag	Con						1□ Ye	a 22 No	1 ☐ Yes	2 No
Vital	Physicien: The this certificate rai director, pag	Be	25. Wes case refaired to medical exeminer?	Hospital:				ath (Check only one	θ)		
ō	Phys this rai di	: To	1 ☐ Yes 2 No 27. Man/nar of Deeth	1 ☐ Inpatie				lome 5 Aesida 28d. Describe ho			
o	Attending Physical Attention of the funeral by the funeral	tlon	1 Neturel 5 Pending 2 Accident Investigation	(Month, De)	y Year)	njury M	: Injury at Work? 1 ☐ Yes 2 ☐ No	200. 0 0 0 0 10	w injury cocorre		
Division	무취하다	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injubuilding, etc	ury - At home, fa c. (Specify)	ırm, street, fectory,	office	28f. Location (Str City or Town	reet and Numbe i, State)	er or Rural Rou	ita Number,
-	To the Hospital or within 24 hours after To the Funeral Director Completely filled in	edical C	29e. Certifier (Check only one) (Check only one) (Check only one)	ysician: To the best of liner: On the basis of end mennar ste	exemination en	o, death occurred et d/or investigation, in	the time, dete end plece my opinion, death occi	e, end due to the ce urred at the time, de	ouse(s) and mar ete and plece, s	nner as stated. and due to the o	ceuse(s)
	To the Compl	Me	29b, Signatury and Wilder Contiller	L		29c.	icense number	Alex 25	9d. Dete signed	(Month, Day,	Year)
b			MENT	MANICE	1 144	SICKA!	D26579)	17067	July 26	, 1996	
			30. Name and address of posson who	mpleted cause of de	eeth (Item 23e)		garetorm	Manuland	217/0	200	~

State Registrar



State of Maryland / Department of Health and Mental Hygiene Q C 2 2 1 1.

					Cen	tificate of	Death		Reg. No.	0	20014
Dhoolata		1. Decedent's Name (First, Middle, La	st)		4			2. Dete of D	Deeth	Yeer	3. Tima of Deeth
Physiciar /Medica		George Robert Van	ce					07	2 I	96	15:30
Examine		4e. Fecility Neme (If not Institution, giv	e street and number)				4b. City, Town,	or Location of De	ath 4c. Coun	ty of Deeth	
		Waterview Nursing	Home				Salisb	ury		icomic	20
uneral		5. Sociel Security Number 6. S	ex 7. Aç M 2 F	ge (In yrs. la		Months Deys	r If Under 24 H	lrs. 8. Dete of E (Month, I 06 2	Birth Day, Year)	9. Birthr	piace (State or Foreign
ector	-	214-10-6134 Usuel Residence of Decedent	X 13.	80	Yrs.			06 2	0 16		ricksbur ginia
	1	10a. Stete 10b. County		10c. City,	Town or Loc	ation				1	g I II I a I Od. Inside City Limits
To Be Completed by Euravai Director	5	Maryland Wico	mico	Sali	sbury						1⊠Yes 2□No
1 8	5	10e. Street and Number				10f. Zip Code			10g. Citizen o	f What Cour	ntor?
Emeral Director	2	431 Lincoln Avenue				2 180	1		U.S.		nuy r
90	i e	11. Maritel Stetus	12. Wes Decedent Armed Forces?	Ever in U,S	. 13. W	es Decedent of	Hispanic Origin?	(Specity Yes or Nerto Rican, etc.)	No- 14. R	aca - Americ	
ü	2	1 Never Married 2™Merried	1X Yes 2 1	No		Yes, specify Cut		erto Hican, etc.)		lack, White,	etc.
4 4	2	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:	WII		10\$ ZE3N0	эрвспу:		Spec	whi	te
Commisted		15. Decedent's Ed (Specify only highest gra			18a. Decede	ent's Usuel Occu	petion	vorkina	16b. Kind of	Business/In	dustry
i ca		Elementery/Secondery (0-12)	College (1-4or :	5+)			during most of ved)		0.16.7		
3	5	10			Mea	t Cutter			Self-Em		
9		17. Fether's Neme (First, Middle, Last)						leme (First, Midd		ame)	
F	2	James Vance						a Walstead			
		19e. Informent's Neme/Reletionship (196). Florence H. Vance	Type, Print)					Rural Route Num sbury, MD		n, State, Zip	Code)
	-	20e. Method of Disposition		20b. Ple	ce of Dispos	ition (Name of		Dete	20c. Location	- City or To	own. State
		Buriei 2 Cremetion 3 C				atory or other pla		7/23/96	Salisbu		
	1	4 Donetion 5 Other (Specify 21. Signature on Funeral Service Licen				orial Par				-	yrand
	T	N -091	()	70/05					Funeral 1		
	4	Varied 94.	homoson	2				Salisbury		U4	
		23a. Part1. Enter the diseese, or comp shock, or haert failure. List only	one ceuse on each ii	the death.	Do not ante	r the mode of dy	ing, such as card	liec or respiretory	arrest,		Approximete Intervel Between Onset end Death
ı		Immedieta Cause (Finel									Oriset end Dealit
		disease or condition resulting in death)	e. Unel	in	nu						deg .
a l	5		A	Dua to (or a	as a consequ	ence of):				1	
Examiner			b. Duy	ele	2	1				ic	1100
X	4	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaese or injury	1	Due to (or e	es e consequ	ence of):	10			16	
		Cause (Disaese or injury that initiated events	c. / cup	400	\sim	1 2	lines	w		12	delap
Medical	5	resulting in deeth) Last		Due to (or a	is e consequ	ence of):				1	
			d								
Physician/	-	Pert II. Other significant conditions of	ontributing to death b	ut not result	ing in the un	tertving cause o	iven in Pert I	23b Di	d tobacco use o	ontribute to	o the cause of death?
a y t		or in Other agriculant conditions of	Minduling to death b	ot not result	ing in the one	rettyllig cause g	iven in Fett I.		Yes 2 No		bably 4 DUnknown
by P								_ ''	J 106 2 L 140	30710	babiy 4 onknown
									s an autopsy	24b. W	ere eutopsy findings
et								_ per	formed?	CO	allable prior to impletion of cause deeth?
Completed								4.5	Yes 10 No		
		25. Wes case raferred to medical					OO Disease of F		100	11	Yes 24 No
o Be		examiner?	Hospitel:		0/0-4	20 DOA 01	ther	Death (Check only			
1. To		27. Menper of Deeth	28e. Deta of triju		R/Outpetient 8b. Time of	3LI DON	4 Hursing	Home 5 Re	e how injury occ		у)
tion		1 ✓ Naturel 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Da	y Year)	Injury	28c. Inju Wo	ork?]Yes 2□No	100000000000000000000000000000000000000			
f Ca		3 ☐ Sulcide 6 ☐ Could not be		urv - At hom	e. ferm. stre	et, fectory, office		28f. Location	(Street and Nun	nber or Rura	al Route Number.
Certification:		4 Homicide	building, etc			.,,			own, State)		
		29a. Certifier 1 Certifying Phy	/sician: To the best	of my knowle	edge, deeth	occurred et the t	ime, dete end nie	ice, end due to th	e cause(s) and r	nannar as s	tatad.
edical		(Check only 2 Medical Examone)	Iner: On the basis of end menner ste	examination	n end/or inve	stigetion, in my	opinion, death oc	curred at the time	e, dete end place	, and due to	the causa(s)
Me		29b. Signeture end title of certifier	11	2		29c. Licen	se number		29d. Dete sign	ned (Month,	Day, Year)
		12	MI			0-	5074	9	7/22	101	
	1	30. Neme end address of person who o	completed seuse of d	leath /item o	Se) (Tuno P	rint)	1-/1	/	1"/	10	
	1	30. Name and address of person who described (Month, Day, Year) JUL 25 199	/e 1/	odui (itarii 2	l/ = = A	Lu101	De S	Salina	2, 2,1	Kr	21801
State		31. Dete filed (Month, Day, Year)	32. Registro	er's Signetu	A CHI	'amay	J 16.	791120	JUKY !	12.	4/ 80/
strar		1111 95 100	6 Hall di	welson	hardall						
v 6/0E		JUL 49 133									

State of Maryland / Department of Health and Mental Hygiene 96

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					,	Cert	tificate of	Death		Reg. No.	20	23013
	Physici /Medi Examir	cai	1. Decedent's Neme (First, Middle, Corr Richalds) 4a. Facility Nama (If not Institution, §	ard Via	ir, Jr.	,		4b. City, Town,	2. Dete of D Month July or Location of Des	Deeth Dey	Year 1996 Dunty of Death	3. Time of Deeth
			Washington Co	ounty Hospi	tal			Hagerst	.own	W	ashing	ton
	Funeral Director		5. Social Security Number 218-40-2809 Usuel Residence of Decedent	Sex 7. Ag 10XM 20 F 5.	e (In yrs. last bii 3	Yrs.	If Under 1 Year Months Days		lin. 8. Deta of B (Month, I Dec • 1	Day, Year)	9. Birth Cou Mar	nplace (State or Foreign unity) 'yland
	end **		10e. Stete 10b. County		10c. City, Tow	m or Loca	ation					10d. inside City Limits
	Mary	lo.	Maryland Washing	ton	Hager	stow	n					1 ☐ Yes 2 ☐ No
	r 28a	Directo	10e. Street and Number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10f. Zip Code			10g. Citizer	n of What Cou	untry?
	h wit		12404 Walnut Poi	nt. West			21740			US	A	
20	within 72 hours efter death with the Maryland iene. Than "naturel", or items 23a or 28a-f show the Modical Examiner routilize and at	by Funeral	11. Marital Status 1 Never Marriad 2 Married	12. Wes Decedent I Armed Forces? 1 \ Yas 2 \ I If Yes, Give			es Decedant of I Yas, specify Cub	Hispanic Origin? ean, Mexican, Pu Specify:	(Specify Yes or Nerto Rican, etc.)		Race - Amar Bleck, Whita	a, etc.
9	hour	pd b	3 ☐ Widowed 4 ☑ Divorced 15. Decedent's	Yeer or Detes:	160	Decede	ent's Usuel Occu	netion		16h Kind		hite
21215-0020	within ene. then	Completed	(Specify only highest s Elementery/Secondary (0-12) 12	completed) College (1-4or 5		(Give k. life. De	ind of work dona O NOT use retire	during most of a	working		of Business/li	
br	be filed itel Hyg d other event,	Be C	17. Fether's Neme (First, Middle, La	st)		543		18. Mother's f	Neme (First, Midd)			So vila
Maryland		To B	Carl Richard V	iar, Sr.				Mary	Jane (Calhour	1	
lan	0 8 8 2		19e. Intorment's Neme/Relationship	(Type, Print)					Rural Route Num			
	Health Health em 27 i		Carol E. Artz	Frien					West Hag	gerstov	vn, Mai	ryland 21740
Baltimore,	8027		20e. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donation 5 Othar (Special Content of the C			Have	ition (Neme of etory or other pla n Cemete	ery	8/3/96		stown,	Town, Stata Maryland
Bal	permit. Pag Department important: I any Injury o		21 Digneture of Funeral Service Lic	Minnic &			Name and Address rald N. neral Ho				mac St Maryl	
1	Physician		23a. Part1. Enter tha disease, or co shock, or heert failure. List on	mplications that caused y one ceuse on eech lir	tha daath. Do		r tha mode of dyi	ng, such es card			1	Approximata Interval Between Onset and Deeth
	/Medical Examiner	Je Je	Immediate Cause (Final disassa or condition resulting in deeth)	0.	Due to (or es e	1	ence of):	lyn			1	15 mille
Box 68760,	eath certificate be executed ettending physician end for use as the buriel-transit	in/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	c	Due to (or es a							
-	the etter thed for u	sicla	Pert ii. Other significant conditions	contributing to death bu	at not resulting in	n the unc	derlying cause gi	ven in Pert I.	23b. Die	d tobacco us	e contribute	to the cause of death?
s, P.O	that the led by th detach	by Physiclan/I	Malartura	To five	and as	folar	nou			Yes 2	/	obably 4 Unknown
Records,	aw requi	Completed	Inquitis	i was	lexuet	ila	in			s an eutopsy formed?	9	Were autopsy findings sveileble prior to completion of cause of deeth?
	The ate h	Con							10	Yas 201	Vo 1	I □ Yes 2 □ No
Vital	ysician: The s certificate director, pag	Be	25. Wes case referred to medicel exeminer?		~				Deeth (Check only	one)		
of	Physician: r this certific rral director,	ဥ	1 Yes 2 No	Hospitel: 1. Inpatie			3LI DOA		g Home 5 ☐ Re			ify)
Division	tending leath. tor: After the fune	Certification:	27. Menner of Death 1 Naturel 5 Pending 2 Accident Investigat 3 Suicide 6 Could not	be	Year) I	Time ot Injury		ry et rk?] Yes 2 □ No	28d. Describe			
DIV	Path		4 Homicide determine	d 28e. Piece of Inju- building, etc	: (Specify)				City or T	own, State)		ral Route Number,
	To the Hospitel or At within 24 hours after of To the Funeral Direct completely filled in by	Medical	(Check only 2 Medicat Excore)	hysician: To the best of eminer: On the basis of end manner sta	examination en	e, deeth o	estigetion, in my	opinion, deeth o	ece, end due to the courred et the time	, dete end pl	ece, and due	to the cause(s)
	To To Con		29b. Signetura end title of cartifier	Steed &			29c. Licen:	7857		290. Dete s	algred (Month	(PG)
			30. Name end eddress of person who	1 1190	mt	(Type, P	tna	Road	Hog	ersti	own	mal
	Sta Registr	_	31. Dete filed (Month, Dey, Year) AUG 0 1	32. Registra	is Signatura	Carles	4		11			

State of Maryland / Department of Health and Mental Hygiene 96

					_	Cer	tificate of	t Death			Reg. No.			
я	DI1-1		1. Decedent's Nema (First, Middla, La	ist)						2. Dete of Do	eath Dey	Vana	3. Tima of	Death
	Physic		MILDRI	ED D. 1	WHEATL	EY				July		Yeer 996	5:11	A M
	/Medi Examii		4a. Facility Name (If not Institution, giv	re street and nu	m <i>ber)</i>			4b. City, To	wn, or Lo	ocation of Dee			3.11	A · M
	Exami	101	102 Carey					Fru	it1	and	ToT i c	omic		
	C		5. Sociel Security Number 6. 5		7. Aga (In yrs.	last hirthdev)	If Undar 1 Yaa						laca (Steta o	r Fornian
п	Funeral Director			1 M 2 GyF	76	Yrs.	Months Dey		Min.	8. Date of Bi (Month, D	ey, Year)	Coun	Md.	roreign
	Director		Usual Residence of Decedent							July	2/96		nu.	
	Pue *		10a. State 10b. County		10c. City	y, Town or Lo	cation					10	0d. Inside Cit	tv Limits
	Aary	5	Md Wicomi	ico	Fr	uitla:	nd						N☐ Yes	
	the N	Director	10e. Street and Number								40 000 44			
	A P A	눕					10f. Zip Code				10g. Citizen of	What Coun	try?	
	ath 23	ra	102 Carey St				218					omic		
	n 72 hours after death with the Maryland *natural", or fiems 23s or 28s-f show solical Examiner must be notified at	Funeral	11. Marital Stetus	Armed Fo		S. 13. V	Vas Decedent of Yes, specify Cu	l Hispanic Ori ıban, Mexicai	igin? (Sp n, Puarto	ecify Yas or N Rican, atc.)		ck, Whita,		
20	a a	Y	1 Never Merried 2 Merried	1 Tes, Gi	2√ No	1	☐ Yes 20 No	o Specify:			Specif	. Wh	ite	
8	onu d	d by	3 Widowed 4 □ Divorced	Yaar or D	etes:		TAKE STEEL				Ороси		100	
5	72 h	ete	15. Decedent's E- (Specify only highast gra			16a. Deced	ent's Usuel Occi	upation	t of work	ina	16b. Kind ot B	usiness/Ind	lustry	
7	I within 72 ho plene. r than "natur me Medical	Completed	Elementery/Secondery (0-12)	College (1	1-4or 5+)		kind of work don OO NOT use retir				2.0			
2	Hygier ther th	Ö	11			Tr	anspor	ter			Hosp	ital		
pu	al Hygi other	Be (17. Father's Name (First, Middle, Last)				18. Mothe	er's Name	e (First, Middle	e, Maiden Suman	ne)		
la	should by Menta	ToE	Granville G. I	Dishar	oon			Iv	a Mo	essick	2			
Maryland 21215-0020	2 should be and Mental is marked of aumatic ever		19e. informant's Neme/Reletionship (Type, Print)		19b. Mailin	g Address (Stree	et and Numb	er or Rur	al Route Numb	ber, City or Town	Steta, Zip	Code)	
	the tree		Michael Wheat	Lev		207	Sand	Cast1	e B	lvd. F	ruitla	nd.M	d 218	326
e,	Health Hem 27 I		20a. Method of Disposition	-	20b. P	iece of Dispos	sition (Neme of			Date	20c. Location			720
2	0 = 0		1 DiBuriei 2 Cramation 3 C		Stera		m Ceme			7/27	Siloam	Ma		
₫	nit. Perantment:		4 Donetion 5 Other (Specif							1/21	SITUAL	i, Mu		
Baltimore,	permit. Peges 1 en Department of Heal Important: if Item 2 any Injury or other once.		21. Signature of Funerei Sarvice Licer	See MOO-	-417	1 22	Neme end Add	k Fun	era:	1 Home	P.O.	Box	61	
	202 # 0		Cornelus /	, W/	ems	1/2	Bivalv	e, Ma	ryla	and 21	814			
			234 Part1 Enter the disease, or com shock, or heart tellure. List only	plications thet c	aused the deeth	. Do not ente	r the mode of dy	ying, such es	cardiec	or respiretory a	arrest,		Approximate Interval Bets	a ween
	Physician												Onset and D	
A	/Medical		Immediate Cause (Final disaese or condition		End	erene D	P	/		60	/	1	F15 9	311
	Examiner		resulting in deeth)	Θ	Due to los	AS A COOSAGE	Jacon Jence of):	ima	357	Edep	roque	1	1-23	19
		je.			002 10 101	00 0 0011304	Johnson,		0			1		
	uted d ansit	Ē	Comments the that are affect as	b	Due to (or	as e consequ	ionas off:					i		
,	exec n an lei-tr	Examiner	Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury		Dua (0 (0)	as e consequ	derice or).					i		
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89	phy the	/Medical	resulting in deeth) Last		Dua to (or	es e consequ	iance or):					i		
	Certing Iding	3		d										
Box	res that the death signed by the atter if be detached for u	Physician		-										
P. 0.	b ed eta	ysi	Pert tt. Other eignificant conditions of	ontributing to de	eath but not resu	ilting in the un	derlying cause g	given In Pert I		23b. Dtd	tobacco use co	ntribute to	the cause o	if death?
	that the ed by th detach									10	Yee 2 No	3 Prob	ably 4 🕞	Unknown
18,	8 8 8	by										T		
0	v requires been sign should be	te									s an autopsy ormed?	ave	ere autopsy ti ellable prior to	0
ec	2 S C	e le										of c	npletion of ci leath?	ause
Œ	The hate h	Completed								10	Yes 2 No	1 [Yes 2	No
ā	iclan: The certificate rector, pag	Bec	25. Wes casa referred to medical					26 Piece	of Deat	h (Check only	onel			
>	s cer	To	axeminer? 1 ☐ Yes 2 ☐ No	Hospitel:	npatient 2 1	ER/Outpatient	3[] DOA 0	Whor			Idence 6 DOth	or (Engels	()	
0	Phys r this arai di		27. Menner of Deeth	28e. Deta	of Injury	28b. Tima of	28c. Inj				how injury occur		7	
S.	Attending Physician: or death. ector: After this certific by the funeral director,	10	1 Avaidant 5 Pending investigation		th, Day Year)	tnjury		ork? ⊒Yes 2⊟						
S	death ctor: A	Ca	3 Suicida 6 Could not b		of loius. At he	ma farm atra				28f Location	(Streat and Numl	or or Pura	l Pouto Alum	bor
Division of Vital Record	i or Attendi after death Director: / d in by the f	Certification:	4 ☐ Homicide datermined	buildi	of Injury - At ho ng, etc. (Specify)	et, lectory, onlo	8			wn, State)	or or nura	House Marin	Jei,
_	or sure		20.0.4											
	To the Hospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical	29a. Certifier 12-Certifying Ph (Check only 2 Medicat Exam	ntner: On the be	esis of examineti	vledge, deeth ion end/or inv	occurred et the estigation, in my	time, dete an opinion, dee	d piece, th occurr	end due to the ed et the time,	cause(s) and ma , dete end plece,	annar as st end due to	ated. the cause(s))
	the the	Med	one)		nar statad.		00-11				204 Day 1	1 44 6 44 4		
	5 × 5 %		29b. Signeture end titis of certitier	1 1			29c. Licer	nse number			∠ya. Date signe	a (Month, l	Jey, Year)	
			Janus 1	1/1/	Hend me	0	1	101969	7		7	1251	196	
			30. Neme end address of parson who	completed care	of deeth (Item	23a) (Typa, F	Print)							
			JAMES L.	CZICE	oenmn	116	Pine.	Black	R	/ ~	Cales has	7 Ma	C 200	5/
	Sta	te	29b. Signeture end title of certitier 30. Neme end the of parson who JPMES A. 31. Date filed (Month, Day, Year) JUL 25 1996	32. R	egistrar's Signat	pre / II	7110		· X		/	1)		
	Registr		1111 25 1996	Jalia	physical	ardall								
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State of Maryland / Department of Health and Mental Hygiene

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					C	ertificate of	Death		Reg. No.	0 43	011
1	Physic	ian	Decedent's Name (First, Middle, Last)	Walton (Campbell	Williams		2. Date of D Month	eath De	Year //	ime of Death
d	/Medi	cal	4a. Fecility Neme (If not institution, giva stra	and and number	WII	119111	4b. City, Town, or	Location of Dea	29	9 6 11 of Death	08
	Examil Funeral Director	ner	5. Sociel Socurity Number 218-05-9716	noun	in ys. lest birthda Yrs.	y) If Under 1 Year Months Deys	EKT.	γ	irth Yeer) 18	9. Birthplaca (S Country) Maryl	State or Foreign and
	and w.		Usual Residance of Decedent 10a. State 10b. County	1	0c. City, Town or	Location				10d Ins	olde City Limits
	the Mary 28a-f eho	ector	Maryland Cec	<u>i1</u>		Con	owingo		10g. Citizen of \	10	Yes 2121.00
	h with 23s or	al Die	61 Dutch Drive				918		_	S.A.	
020	72 hours after death with the Maryland "natural", or itema 23a or 28a-f show solicel Examiner must be notified at	by Funeral Director	11. Marital Stetus 12. 1 Never Merried 2 Married 3 Widowed 4 Divorced	Wes Decedent Eva Armed Forcas? 1 ☐ Yes 2XXNo If Yes, Give Yaer or Dates:	ar in U,S. 13	B. Was Decedent of it If Yas, specify Cub		Specify Yas or N rto Ricen, atc.)		ee-American Ind ck, White, etc. Whit	
21215-0020	c • 6	Completed	15. Decedent's Educat (Specify only highest greds of Elementary/Secondery (0-12) Nine Years		(Giv	edent's Usuel Occu re kind of work dona . DO NOT usa retire ntenance	during most of wo		Firest	usiness/industry one Comp ille, Ma	-
Maryland	2 should be filed within and Mental Hygiene. Is marked other than aumatic event, the Head	To Be	17. Father's Name (First, Middle, Last)	illiams					e, Meiden Sumen J. Rutte		
, Man	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than my Injury or other traumatic event, if a subce.		19e. Informant'a Neme/Reletionship (Type, Mary R. Williams	Print)		iling Address (Street utch Driv				Stata, Zip Code) 21918	
Baltimore	Pages 1 annual of He nort: If item		20a. Method of Disposition ¡XXBurial 2 ☐ Cremetion 3 ☐ Ram 4 ☐ Donetion 5 ☐ Othar (Specify)		cematary, cr	position (Name of amatory or other ple 1 Cemeter		Date 7/31/96	20c. Location -	City or Town, St	
Balti	pemit. Page Department of Important: If eny Injury or		21. Signature of Funeral Sarvice Licenses	Ruero		22. Name and Addre Lee A. Pa	ess of Fecility	& Son Fi	uneral H		
	_		23a. Part1. Enter the disease, or complice shock, or heert feilure. List only one	tions thet caused the		Perryvill noter the mode of dy				Appro	el Between
	Physician /Medical Examiner		Immediate Cause (Finel disease or condition resulting in deeth) e	Resp	e to (or es e cons	y Fa	ilu			Onse	t and Deeth
Box 68760,	death certificate be executed e attending physician and ed for use as the burial-transit	ian/Medicai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury that initiated events resulting in death) Lest	Lero	e to (or es a cons e to (or es a cons	equence of): PWO_S equance of):	nse, derð	GE to A	Tube	Jeed I'seas	e e
P.O.	that the deaded by the a	Physician/	Pert II. Other significant conditions contrit	outing to death but n	ot resulting in the	underlying cause gi	ven In Pert I.		tobacco use co Yes 2□No	ntributa to the c	
Records,	aw requires is been sign 2 should be	Completed by							s an eutopsy formed?	24b. Were sut available completic of death?	prior to on of causa
al H	E ag		25 14						Yes 20XNo	1 ☐ Yes	2□ No
of Vital	Physician: this certificantal director,	To Be	25. Wes case referred to medical examiner? 1 ☐ Yes ※※ No	pitel:	2 ER/Outpati	ent 3 DOA Ot		eath <i>(Check</i> only	one) sidence 8 □Oth	er (Specify)	
	ding Phy h. After this luneral			28e. Dete of Injury (Month, Dey Y	28b. Tima	of 28c. inju			how injury occur		
Division	To the Heapital or Attending Ph within 24 hours after death. To the Funeral Director: After th compietely filled in by the funeral	Certification:	2 Accident investigation		- At homa, farm, s		Yes 2□No		(Street and Numb own, Stata)	per or Rural Route	Number,
	To the Hospital of within 24 hours a To the Funeral Completely filled	edicai Ce	29a. Certifier Check only one) 2 Medical Examiner	: On the basis of ex	amination and/or	eth occurred et the ti	me, dete end plac opinion, death occ	e, and due to the	e cause(s) and me	enner as stated. and due to the ca	ause(s)
	To the within: To the compie	Mec	29b. Signatura and titla of certifiar	and menner steted		29c. Lican	sa number 26 183			d (Month, Day, Y	ear)
			30. Name and address of person who comp			e, Print)				20 16	
			Madhu S. Sachdev, M			enue, Nor	th East,	Maryla	nd 21901		
	Sta Registr		31. Dete filed (Month, Dey, Year) JUL 3 0 1996	32. Registrar's							
DH	MH 16 Ray 6/9	_	JUL 0 0 1330 G	WILL WILL dead	-Nathren						

DHMH 16 Ray 6/95

005 NO 5:

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

	REGISTRAR		CERTIF	ICATE	OF DEATH		REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)	77'] a -1. '				_MO	TE OF DEATH	1996	YEAR	3. TIME OF DEATH
	Leroy Elmer		LTE AGE (In yrs. lest birthday)	IF UNDER 1	YEAR IF UNDER 24 H	Ju.	Ly 29,		ВІВТИР	5:40 P.
Ŧ	219-74-9602	1 M 2 D F	75 YRS.	-	DAYS HOURS ME	Fel	23, 1	1921	West	Virginia
	Se. FACILITY NAME (If not institution, give	street and number)		9b. CITY, 1	TOWN OR LOCATION O			9c. COUNT		
5	Colton Villa Num	sing Cent	er	Hag	gerstown		Viola.	Was	hing	ton
I C	10e. STATE 10b. COUNT	γ	10c. CF	TY, TOWN OR	LOCATION				1	IOd. INSIDE CITY
DIRECTOR	Maryland Wash:	ington	5	Smiths	sburg				1	LIMITS?
	10e. STREET AND NUMBER				10f. ZIP CODE					IAT COUNTRY?
LONENAL	22903 Civic Circ.	LE 12. WAS DECEDENT	EVED IN II O ADMED		21783			USA		
	1 Never Married 2 Merried 3 Widowed 4 Divorced		YES 2 NO	H	yes, specify Cuben, Me			s or No—		- American Indian, White, etc. White
2	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S	work done du	CUPATION uring most of working	1	66. KIND OF BU	ISINESS/INOU	STRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	None	ise retired.)			None			
5	None 17. FATHER'S NAME (First, Middle, Last)		Notie		18. MOTHER'S	NAME /Firs	INUTTE	Sumamal	-	
1	Robert	Wiltshire			Lott			ke		
2	190. INFORMANT'S NAME (Type/Print) Sandy Weave:	c	19b. MAILING 820 F	orida	(Street and Number or R	ural Route Nu	stown,	vn. State, Zip C	and	21740
	20e. METHOD OF DISPOSITION 1 [XBurlel 2 Cremetton 3 Ren	novel from State	20b. PLACE AND DATE		TION (Nama of	0/	ATE 20c. LC	OCATION CI	ity or Town	n, State
	4 Donation 5 Other (Specify)		Zion Luth	eran			/1 Mid	dleto	m, l	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0	22. N.	rald N. M.	FACILITY	305	N. Po	otoma	ac Street
	Lerald 11.0	Inmuc			neral Home					Maryland
CERTIFICATION	Sequentially list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. Here oue to co	OR AS A CONSCOUENCE OF THE PULL OF AS A CONSCOUENCE OF THE PULL OF	non	any long	per	penso	-		
	PART II. Other algnificers condition	na contributing to d	eath but not resulting	In the und	ferlying cause gives	in Pert 1	24e. WAS AF	N ALITOPEV	1 245 4	VERE AUTOPSY FINDI
יוורטוכטוי	Mend	ar Refe	whator	an are und	iying cause givet	. m reft 1.		RMEO?	0	WAILABLE PRIOR TO COMPLETION OF CAUSOF GEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATH	Check only	one)			
PH TSICIAN:	1 YES 2 1 HO	HOSPITAL:	ER/Outpatient 3 DOA	4 Marsi	ng Home 5 🗆 Reside	nce e 🗆 Ot	her (Specify)			
	27. MANNER OF DEATH 1	200. DATE OF IN (Month, Day,	Year) IN	JURY M	28c. INJURY AT WORK? 1 YES 2 NO		ESCRIBE HOW	INJURY OCCU	JRED	
	3 Suicide e Could not ba	28e. PLACE OF building, at	INJURY — At home, farm, ic. (Specify)	atreet, factor	ry, office	28f, LC	OCATION (Street ty or Town, State	and Number o	r Rural Ro	ute Number,
COMPL	onei		y knowledge, death occur mination end/or investigati							and manner as state
IO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	N	A-, 0	4.0	29c. LICENSE	NUMBER P113	1	29d. DATE	SIGNEO (Morgin, Day, Year)
	1838 PERSON WILL	O COMPLETED CAUSE	· 2 0 00-	e, Print)	me) 2	1742)		
	SIL DATE FILED (MOVIM, Day, Year)	32. REGISTRAR								
	AUG 0 2 19	30 Juna	Musleonlandel	4						

A

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

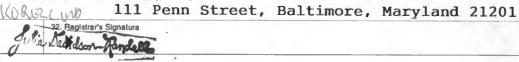
BALTIMORE, MARYLAND 21215-0020

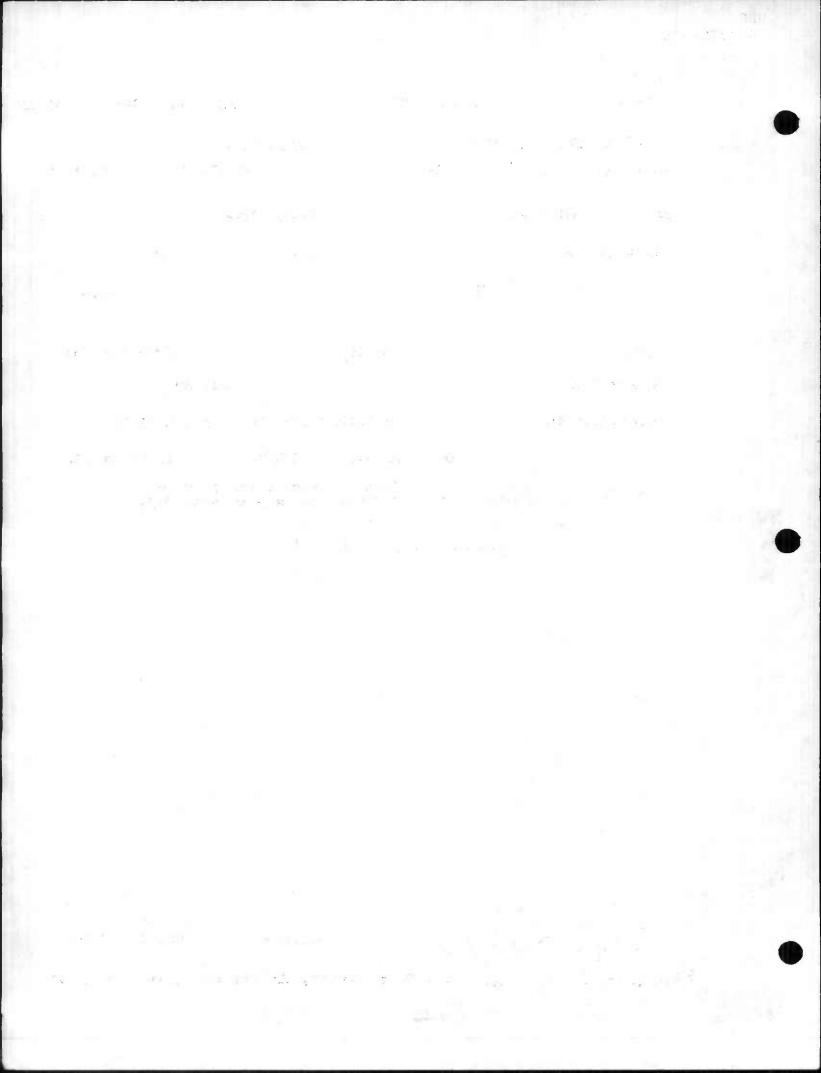


96-4380-510 PED McState of Maryland / Department of Health and Mental Hygiene

Physic /Medi	ical		SUSAN				XANDEF	2				2. Data of Di Month AUG.	0 4ª,		96	3. Time of Daath $11:35 \text{ A}$
Exami	ner		1203		HINGTON					4b. City, Tow BALT	IMOI	RE		County of E	Death	
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-f show	tor	10a.	Stata Md •	10b. County	imore	10c. (City, Town or L	ocation		Middl	e Ri	ver			10d.	. fnsida City Limits
a or 28a	Direc	10a.	Street and Nun	nber ix Court				10f.	Zip Coda	21221			-	an of What	t Country	?
natural', or flams 23a or 28a-f show	by Funeral Director	3	Marital Status	ed 2 Marriad	12. Was Dece Armed Fo 1 Yas If Yas, Giv Yaar or De	2 Mo a	U,S. 13.		s 2 X No	lispanic Origi an, Maxican,		ify Yas or No ican, atc.)	1	4. Race - A Biack, V	Amarican Whita, atc	
then "natur Te Madical	Completed	Ele	amantary/Sacor	15. Decadant's E ify only highast gro ndary (0-12)	ducation ada completed) Coliaga (1	-4or 5+)				eation during most o	of working	7		d of Busine		
of other event, I	Be	17. F		First, Middle, Last	")		W	aitr	ess	18. Mothar	s Nama (First, Middla	, Maidan S	mmy's	s Sea	food
7 is marked traumatic ev	To	19a.	Informant's Na	me/Ralationship (and Number		Routa Numb				oda)
Important: if item 27 any injury or other t 2005e.		1	Mathod of Disp	Alexande cosition Cremation 3 5 Other (Specif	Removal from S	Stata	Place of Disponentary, cra	osition (A	Nema of or othar place	ca)		itmore Data	20c. Loca	2122 ation - City	y or Town	
sician		23a.	Pert 1. Entar th shock, or haar	ne diseesa, or com t failura. List only	plications that of	support the des	la !	Conno	Mace	Funera Ave. B ng, such as ca	alti	more M	Md. 2		Ap fnt Or	oproximata tarval Between nsat and Death
edical miner	aminer	Imma disaa rasuli	adiete Causa (f asa or condition Iting in daath)	Finel		Dua tò.	XICATION	Conno 300 I ntar tha m	elly Mace node of dyin	Ave. B	alti	more M	Md. 2		Ap fini	oproximata tarval Between saat and Death
g physician and as the burial-transit	/Medical Examiner	Imma disaa rasuli Sequ if any caus Caus that in	adiete Causa (F	Finel nditions, madiata rhying njury	a. NARCO1	Dua tò.	XICATION	Conno 300 Intar tha m	elly Mace node of dyin of):	Ave. B	alti	more M	Md. 2		Ap frit Or	oproximata larval Between nsat and Death
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This certificate has been signed by the attending physician and indicate has been signed by the attending physician and indicate has been signed by the attended for use as the bunal-transit indicates To Be Completed by Physician/M	Immedisaerasuli Sequif any arasuli Part III	adiete Causa (tasa or condition in daath) Jentially list con (, laading to im. Entar Under a (Diseesa or I initiated avaitation in daath) L	Additions, madiata hying hing hing ast	b c d Hospital: 1 _ In _ In _ 28a. Data o _ (Month of _ FOUND 8	Dua to Du	OXICATION (or as a consactor as a consector as a consector)	Connel 300 Inter the minuted and arriving arriving and arriving and arriving and arriving arriving and arriving arriving arriving and arriving	elly Mace noda of dyin of): of): g causa giv	Ave. Bag, such as ca	f Death (cling Homa	23b. Did 1 = 24e. Was parts	tobacco us Yee 20 an autops ymed? Yas 20 ona) dance 8 [se contribution of the con	opute to the Probeb 4b. Were availal complior data	e cause of death? by 4 Unknowr autopsy findings ble prior to altor to causa th?	
ctor: After this certificate has been signed by the attending physician and strong the funeral director, page 2 should be datached for use as the burial-transit of strong the funeral director.	Certification: To Be Completed by Physician/M	Immr disae rasult Sequif any caust Caust II rasult Part II 25. Way 27. May 1 2 27. May 1 4	adiete Causa (fasa or condition iting in daath) Jentially list con (fasa or line), laading to imperent of the condition of t	aditions, madiata hybrid pring njury ast cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions cant can can can can can can can can can can	hospital: 1 In In In In In In In In In In In In In	Dua to Du	OXICATION (or as a consector as a c	Connel 300 Inter the minuted and arriving and arriving A M reat, factor	elly Mace noda of dyin of): of): g causa giv DOA Oth 28c. Injun Word 1 ory, offica	an in Part I. 28. Placa or er: 4 \(\text{Nurs} \) yas 2 \(\text{NN} \)	f Death (cling Homa 286 BAL	23b. Did 1 24e. Was parfo Check only of SCI Sasid. Dascribe NK NOWN Location (City or Town.	tobacco use Yee 2 an autopsy med? Yas 2 bhow injury of Streat and J MD.	No 3 Occurred	bute to the Probeb 4b. Were availal completed data and the Probeb of data and the Probeb o	e cause of death? ly 4 Unknown autopsy findings ble prior to ation of causa th? as 2 No
After this certificate has been signed by the attending physician and tuneral director, page 2 should be datached for use as the burial-transit of contractions and tuneral director.	To Be Completed by Physician/M	Immedisaerasuli Sequif any arasuli Part III 25. Way av av av av av av av av av av av av av	adiete Causa (fasa or condition in daath) Jentially list con (fasa or land) Jentiall	aditions, madiata frying njury ast cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions cant conditions can can can can can can can can can can	b c d contributing to dad Dua to (Dua to	OXICATION ((a) as a consector as a	Connell 300 Inter the modern of a modern o	elly Mace noda of dyin of): of): g causa giv DOA Oth 28c. Injun Wor 1 ory, offica	Ave. Bag, such as called an in Part I. 28. Placa of er: 4 \(\text{Nurser} \) Vas 2 \(\text{NNC} \)	f Death (ting Homas) 28t BAL	23b. Did 10 24e. Was parto 15X Sasisid. Describe NK NOWN 1. Location (c. City or f.)	tobacco us tobacco us Yee 2 an autopsymmed? Yas 2 dance 8 [how injury of MD. Causa(s) ar	se contribution 3 24 No 3 24 No Other (S occurred Number of 203 No.	Or Or Or Or Or Or Or Or Or Or Or Or Or O	e cause of death? By 4 Unknown autopsy findings ble prior to ation of causa th? as 2 No	

State Registrar 31. Date filed (Month, Day, Year) AUG 0 9 1996





ITEMS: 23 PART I, 27, 28a-f, PER State of Maryland / Department of Health and Mental Hygiene 23620 Certificate of Death 8/23/96 t.t

r	TFU	U-/30
	Phy	sician
	/M	edical
	Exa	miner

1. Decedent's Name (First, Middla, Last) DALE

BAILEY

2. Date of Death

BALTIMORE, MD. 21215

29d. Date signed (Month, Day, Year)

AUGUST 08, 1996

Funeral

Director the Maryland

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Pages 1 and 2 should be filed within 72 hours effer nent of Health and Mental Hygiene. al Hygiene. 27 is marked or traumatic ever

permit. Pages 1 and 2.
Department of Health a.
Important: If item 27 is any injury or other trav. **Physician** /Medical Examiner

Baitimore, Maryland 21215-0020

The law requires that the death certificate be executed bunel-transit Box 68760, for use as the P.O. signed by 1 Division of Vital Records. certificate Attending Physician: sly Certification: After death. al or Attendia s effer death. I Director: A od in by the fu filled in by To the Hospital o within 24 hours of To the Funeral Di completely filled is

AUGUST 07, 1996 8:50 PM. Louis 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE
If Under 1 Yaar | if Under 24 Hrs. | 8. Date of Birth
(Months Days Hours Min. (Month, Day, Year) SINIA HOSPITAL N/A 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) 1 € M 2 □ F Yrs. 36 213-68-8420 Mar.16,1960 Maryland Usual Rasidence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. Director 1 ☐ Yes 2 ☑ No Anne Arundel Laurel 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Race Track Rd. And Rt. 198 21207 USA 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ∑ No If Yas, Giva Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: by 3 ☐ Widowed 4 € Divorced Specify: White Be Completed 15. Decedent's Education (Spacify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Hot Walker Horse Racing 11 yrs. 17. Fether's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Sumama) Robert W. Baily Donna L. Quick 2 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rt. Donna Smith Mother 6 Afton, Virginia Box 508 20a. Method of Disposition 20b. Placa of Disposition (Name of cematery, crematory or other place) 20c. Location - City or Town, State 1 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Metro Crematory 8-9 Baltimore 21. Signature of Fyringer Service License 22. Nama and Address of Facility Connelly Funeral Home Of Dundalk 23a. Part Inter the disease, or complication that caused the death. Do not entar the mode Staying such as cardiac of respiratory direct, 21222 shock, or heart failure. List only one cause on each lina. Approximata Interval Between Onset end Death Immediate Cause (Final NARCOTIC INTOXICATION disaese or condition resulting in death) Due to (or es a consequence of) Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events rasulting In death) Last Due to (or as e consequenca of): Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings availabla prior to completion of cause of deeth? 24e. Was an autopsy performed? 1 PYes 2 □ No 1 Ves 2 No Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) ို tXXes 2 No 1X Inpatiant 2 ER/Outpatient 3 DOA 27. Manner of Death 28e. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred 5 MPending Investigation 1 Natural Injury PM 1 Yes 2 1000 UNKNOWN 8/6/96 5:30 2 Accident 600 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number of Rural Route Number, City or Town, State) 2000 W. BELVEDERE AVE 4 Homicide RESIDENCE

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

O.C.M.E.

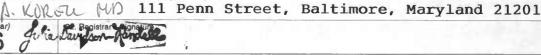
State Registrar

Medicai

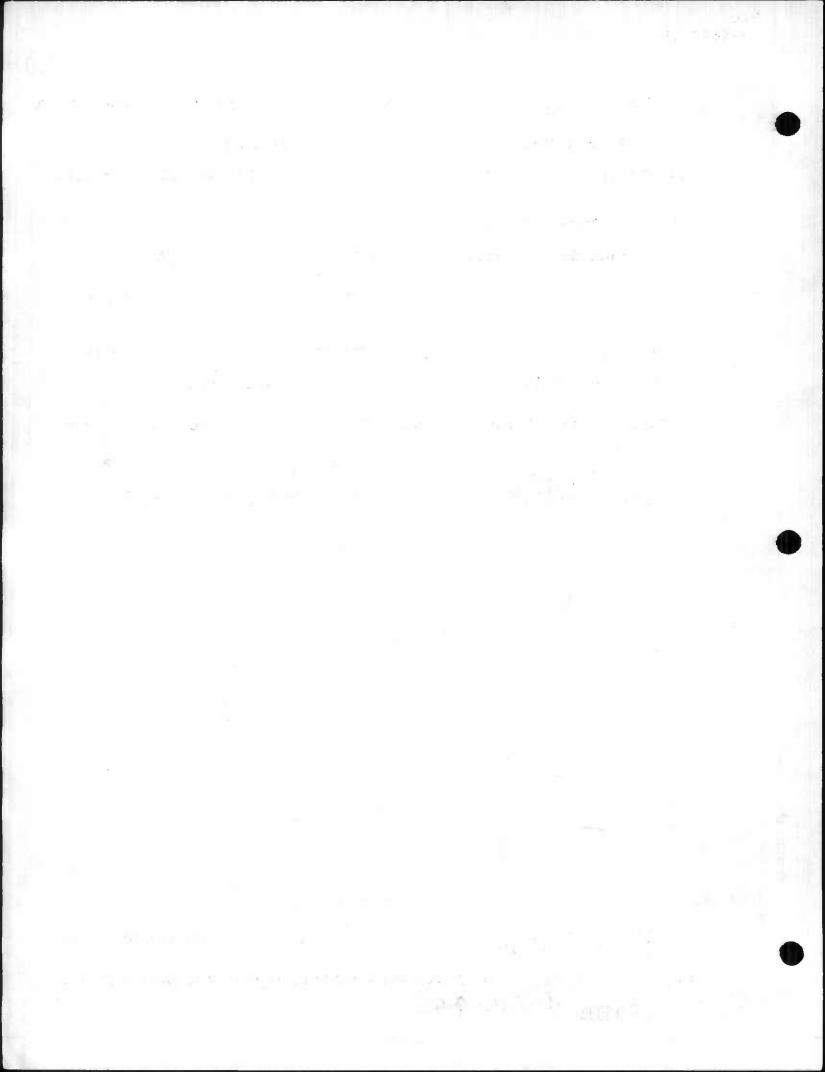
29e. Certifier (Check only one)

Alupanon 31. Date filed (Month, Day, Yaar) AUG 0 9 1996

29b. Signafure and title of certifie



30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene 96

Suel Residence of Decedent	Type, Print) Team of number of the process of the	ER Aga (In yrs. la 74 10c. City, ant Ever In U.S as? On No 1943-5: B1 ife 20b. Pie	Yrs. Town or L 18a. Dece (Give life.) 19b. Melli 6 1 19c. of Dispose of D	Months I was Decedent if Yas, specify 120 Yes 2 dent's Usual Control of Work in Do Not use the Salesn the Sr.	TOWSO Year If Und Peys Hours Bode 2120 t of Hispanic C Cuban, Maxic Cuban, Maxic Recupetion fone during metired) 18. Mot K treet and Num	Town, or Loc N,MD ar24 Hrs. Min. altimo 8 Origin? (Spean, Puerto F by: ost of workin her's Neme ather:	ore city Yas or No flican, atc.)	BALTIM th, Year) 1, 1922 10g. Citizen of Vunited United Specify 16b. Kind of B Automo	y of Death ORE 9. Birthpiac Country, Gern 10d. Whet Country State ce - American ck, White, atc fy: Whi susiness/Indus Dbile Ship	I. Inside City Limits 1 Yes 2 No 17 25 Indian, ite stry	
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23a. Part1. Enter/the disease, or comblications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, and percent fediure. List only one cause on each line. Approximate intervel Between Onset end Death											
	DEMAT			quence or):						YEAR	
U,											
If ery, leading to immediate cause. Enter Underlying Cause (Disasse or injury thet initiated events rasulting in deeth) Last SEVERE AORTIC STENOSIS Due to (or es e consequence of): SEVERE CORONARY ARTERY DISEASE										EARS	
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Z C Trooldant	(Month, L	(Month, Dey Year) Injury Work? M 1 Yas 2 No					now injury occurred				
4 Homicide 4 Homicide 4 Homicide 4 Roman determined 28e. Place of Injury - At homa, farm, street, fectory, office building, etc. (Specify)						2	28f. Location (Street and Number or Rural Routa Number, City or Town, State)				
29e. Certifiar (Check only one) 12 Certifying Physician: To the best of my knowledge, daath occurred et tha tima, data end pieca, and due to the causa(s) and menner as stated. 2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at tha time, dete end piece, and dua to the cause(s) and menner stated.										e cause(s)	
9b. Signetura and title of certifiar	1	D		29c. L	29c. Licansa number 29d.			29d. Dete signe	d. Dete signed (Month, Dey, Year)		
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Injury at Work? 28c. Injury at Work? 28c. Describe injury at Work? 28c. Describe injury at Work? 28c. Describe injury at Work? 1 Injury work? 28c. Injury at Work? 28c. Describe injury at Work? 1 Injury at Work? 28c. Describe injury at Work? 28c. Descri	Due to (or es e consequence of): SEVERE CORONARY ARTERY DISEASE In ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributing to death but not resulting in the underlying cause given in Part i. 24e. Wes an autopsy performed? 1 Yes 2 No Wes case referred to medical examiner? 1 Yes 2 No Menner of Deeth Hospital: Inpatiant 2 ER/Outpatient 3 DOA Menner of Deeth Injury at 28d. Describe how injury occur work? 1 Nature 5 Pending invastigation 28e. Place of Injury Month, Dey Year 28h. Time of Injury Month, Dey Year 28h. Describe how injury occur work? 1 Yes 2 No 28h. Location (Street and Numi City or Town, Stete) 28e. Place of Injury - A home, farm, street, fectory, office 28h. Location (Street and Numi City or Town, Stete) 29c. Licansa number 29d. Dete signed work of the curred at the time, dete end plece, and menner steled. No Signeture and title of certifier 29c. Licansa number 29d. Dete signed work of the curred course of the curred course of death (Item 23e) (Type, Print)	SEVERE CORONARY ARTERY DISEASE THE CORONARY			

DHMH 16 Rev 6/95

State Registrar

ALTON ALBERT STUDEN . THE

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death Month 8 **Physician** RUCCHERI 5:32 pm CARL John /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner General Hospital Atlantic Berlin Worchester If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 8. Data of Birth (Month, Day, Year) January 7,1928 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1**X** M 2□ F Months 68 218-28-7103 Yes Director Maryland Usuai Residence of Decadant the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at 1 X Yes 2 No Directo Maryland Worchester Ocean City 10e. Street and Number 10f Zin Code 10g. Citizen of What Country? 778 94th Street Unit 309 21842 United States Funera 12. Was Decedant Ever in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No. If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 14. Race - American Indian, Black, White, etc. 72 hours after 1 Tas 2 No If Yas, Give Year or Datas: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Ą Specify: White 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry d 2 should be flied within 7, th and Menta! Hygiana. 7 is marked other than "ne Elementary/Secondary (0-12) Coilege (1-4or 5+) President Wholesale Paper Co. 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Giatiano Buccheri Mary Gamberdella 0 19a. tnformant's Name/Relationship (Type, Print) permit. Pages 1 and 2 sh Department of Health and Important: If New 27 is m any Injury or other traum GRISE. 19b. Maliing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary Lou Buccheri/Wife 94th Street Unit 309 Ocean City, Md. 21842 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 Cramation 3 Removal from State Most Holy Redeemer Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 8/12/96 Baltimore, Maryland 21. Signature of Funarai Sarvice Lice 22. Nama and Address of Facility Leonard J. Ruck Funeral Home, Inc. 5305 Harford Road Baltimore, Maryland 21214 23a. Part1. Enter the disease, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heert failure. List only one cause on each line. mall **Physician** /Medical tmmediate Cause (Finel disease or condition resulting in death) Examiner Examiner attending physician and for use es the burial-transit The lew requires that the deeth certificate be executed Sequantially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) resulting in death) Last Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the signed by the 1 Yes 2 No 3 Probably 4 Unknown ģ 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? Completed peed s ate hes t 1 Yas 2 No 1 Yes 2 No certificate or Attending Physician: director 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Othar (Specify) P 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Manner of Death 28a. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28c. tnjury at Work? 28d. Describe how injury occurred After 1 Natural 5 Pending deeth. Investigation 1 Yes 2 No l Director: A 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Sulcide the Funeral Direction of the Funeral Direction 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospitai 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. edicai (Check only one) within 2 29b. Signature and title of perilling 29c. License number 29d. Data signed (Month, Day, Year) 1)21066 171) 2 -on 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) UN Antonio Martins, MD 9733 Healthway Dr. Berlin, MD

32 Registrar's Signature

21811

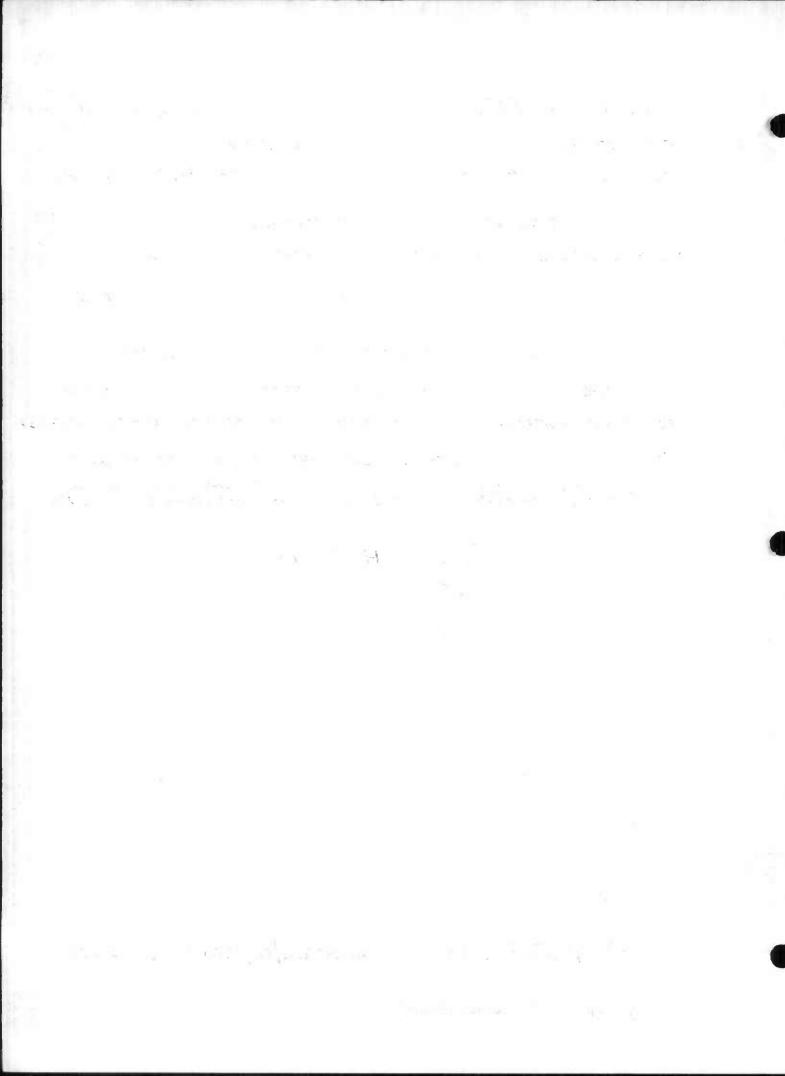
State Registrar 31. Date filed (Month, Day, Year)

AUG 0 9 1996

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate o	of Deati	h		Reg. No.			
Physic		1. Decedent's Neme (First, Middle AQ B Q Q	(a, Last) BEF	2					2. Dete of Do	Dey	24%	3. Time	a of Death
/Medi		4a. Facility Nama (If not institution	n give street and num	her)			4b. City. 1	Town, or Lo	Hugus ocation of Deel		of Death	10	HAY
Examil	ner	SINAI HOSPITAL			a & facility of a col	If Under 1 Y	BA	ALTIM	ORE		N	I/A	
Funeral Director		5. Sociel Security Number 212–42–1630 Usual Besidence of Decedent	1 M 2 D F 64 Vrs Montha De					Min.	8. Deta of Birth (Month, Day, Year) 9. Birthplece (Steta or Country) MARCH 11, 1932 MARYLAND				
e Maryland a-f show uned at	ctor	10a. Stete 10b. County	BALTIMORE	10c. City, Town or Location OWINGS MILLS							10		e City Limits
3a or 28	al Dire	10e. Street and Number 4400 SILVERBROO	UNIT F1	10f. Zip Code 21117					10g. Citizen of What Country? U.S.A.				
urs t	by Funeral Director	11. Merital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Wes Deced Armed Ford 1 Yas 2	dant Evar in U,S. ces?	. 13.	Was Decedent of Hispenic Origin? (Specify Yas of Yas, specify Cuban, Mexican, Puerto Rican, ato			ecify Yas or No Rican, atc.)	or No-) 14. Rece - American Indian, Bleck, Whita, atc. Specify: WHITE			l _e
d within 72 hours af giena. ir than "natural", or it the Medical Exercition	Completed	15. Deceden (Specify only higher	it's Education st grade completed)	Jeation 16e.			Decedent's Usuel Occupetion (Give kind of work done during most of work			16b. Kind of Business/Industry			
f Health and Annual De liled within 72 hr if Health and Mental Hygiena. Item 27 is marked other than "natur other traumatic event, the Medical	omo	Elementery/Secondery (0-12)	Coilege (1-4	Coilege (1-4or 5+)			HOOL TEACHER			EDUCATION			
be liled tral Hygi d other event, t	Be	17. Fether's Neme (First, Middle,	Last)				18. Mot	her's Nam	a (First, Middle	, Maiden Sumer	ne)		
d 2 should be file th and Mental Hy 7 is marked othe traumatic event	2	HARRY 19e. Informent's Neme/Reletions	hin (Time Print)	Toma Painel		NEEDALMAN YE 19b. Melling Address (Street end Numb		ETTA	al Pouto Numi	ogs Cibros Town	GAR		R
1 and 2 sho Health and em 27 is me ther traum		SIGMUND BEER -								OWINGS			2111
60 0		20a. Method of Disposition **CX**Burlal 2		tete cen	ce ot Dispo netery, cre	osition (Name o metory or othar	n (Name of pry or other place) Date 20c. Location - City (Name of pry or other place) ORIAL PARK 8/5/96 RANDALLST						
permit. Pagas 1 ar Department of Hea Important: If Item is any Injury or other		21. Signeture of Funaral Sarvice Licensea 22. Nama and Addrass of Facility Sol Levinson & Bros., 8900 Reisterstown Road Pikesville, MD									Inc		
Medical Examiner of partitions of the physician and graphysician and sa as the purial-transit	/Medical Examiner	Immedieta Ceusa (Final diseasa or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediete cause. Enter Underlying Ceuse (Disease or Injury thet Inkileted avents rasulting in deeth) Lest	a	Due to (or a	SIS as a consec	quence of):	HMI	A					
requires that the death cert een signed by the attending hould be datached for usa	Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use 1 Yes 2								tobacco use co	se contribute to the cause of death? No 3 Probably		
he law requires that a has been signed I aga 2 should be dat	by									ava	,	sy findings ior to	
he law a has b	Completed								10	Yes 20140	of	death?	
	Be C	25. Was casa reterred to medicai 26. Place of Deel								1 Yes 2 No 1 Yes 2 No h (Check only ona)			
Q 55 Z	은	axaminer? 1 ☐ Yas 2			R/Outpatler			Vursing Ho	Home 5 ☐ Residence 6 ☐ Other (Specify)				
bending Ph Meth. tor: Attar th the funarai	Certification:	27. Manner of Deeth 1 Matural 5 Pendin 2 Accidant Investig 3 Suicide 6 Could	g (Month,	28a. Date of Injury (Month, Dey Year) 28b. Time of Injury M 28c. Injury at Work? 1 Yes 2 No					28d. Describe how injury occurred				
4 0 6	Certifi	4 Homicide determine	ned 288. Place 0	28a. Place of Injury - At home, ferm, streat, factory, office building, etc. (Specify)				28f. Location (Street and Number or Rural Route Number, City or Town, State)					
To the Hotoltal or within 24 holls. To the Funeral Dir complataly filled in	edicai	29e. Certifiar (Check only one) Certifyin	g Physician: To the be Examiner: On the bas and manne	is of examinatio	edge, death n end/or in	n occurred at the vestigation, in n	a tima, data a ny opinion, de	and place, eth occurr	and due to tha red at the time,	ceuse(s) and mo dete end place,	enner es st and dua to	teted. the caus	ie(s)
To the within To the comple	Me	29b. Signature and title of certifiar 29c. License n											
10		20 Nome and address of	osti		200 / 75	AS 240232/EH/8500				Augus	13,	1995	0
10		30. Name and addrass of person E. HOST, M.D.	4	of death (item 2		Print) BELVEDE				BALTO.,		21215	
Sta Registr	-	AUG 09 1996	Julia Day	istrer's Stonatu	ماللها								



State of Maryland / Department of Health and Mental Hygiene

23624

Physician /Medical **Examiner**

RODNEY

3. Tima of Death 07:31 AM

10d. Insida City Limits

1 Yas 2 No

Funeral Director

the

21215-0020

Baltimore, Maryland

10a. Stata

Director Funeral

the Medical Examiner must be notified at 28a-f

by

Completed

Be

0

permit. Pages 1 end 2 should be filed within 72 hours effer death with I Department of Health and Montal Hygiene.
Important if them 27 is merked other than "natural", or items 23a or 2 any injury or other traumetic aven

Physician /Medical Examiner

The law requires that the deeth certificate be executed P.O. Box 68760, use es the signed by Division of Vital Records, certificate has been or Attending Physician: this After t deeth. Director 3 To the Hospital of within 24 hours at To the Funeral D completely filled I

by

Completed

Be

P

Certification:

Medical

Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Death Day BRISCOE AUGUST ANTONTO 1996 4a. Facility Nama (If not institution, giva street and number) JFK filem. nignway 4b. City, Town, or Location of Death 4c. County of Death INTERSTATE 95 WHITE MARSH BALTIMORE 5. Social Sacurity Number 6. Sax 1⊠ M 2□ F 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 216-86-1052 20 Yrs. Maryland Usual Rasidenca of Dacedant 10b. County 10c. City, Town or Location Edgewood HarFord 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 1800 Eloise Lane 21040 U.S. 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1x Navar Marriad 2 Marriad 1 Yas 2 No Specify: Specify: 3 ☐ Widowad 4 ☐ Divorced Black 15. Decedant's Education (Spacify only highast grada complated) 16e. Dacadant's Usual Occupation (Giva kind of work dona during most of working iifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) Johnson Control Machinist 12 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Malden Surnama) Charles Briscoe, Sr. Cynthia McCray 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Straet end Number or Rurel Routa Number, City or Town, Stata, Zip Code) Cnarles Briscoe, Sr. 1800 Eloise Lane; Edgewood, MD 20a. Method of Disposition 20b. Placa of Disposition (Neme of cematary, cramatory or other placa) 20c. Location - City or Town, Stata 1 ABurial 2 Cramation 3 Ramoval from Stata 8/7/96 King Mem. Park Baltimore, MD 4 □ Donation 5 □ Othar (Specify) ra of Funaral Sarvica Licansaa 22. Nama and Addrass of Facility Unity Funeral Home ar the disease, or complications the diseased the death. Do not enter the mode of dying, such as cardiac or respiratory errest, heart failure. List only one cause of each line. Balto, 10 21201 edlata Causa (Final · Multiple injuries disaasa or condition rasulting in death) Dua to (or as e consequanca of) Sequantially list conditions, if any, leeding to Immadiate cause. Enter Undarlying Cause (Disaasa or Injury that initiated events rasulting in deeth) Last Due to (or as a consequence of): Dua to (or as a consequanca of) 23b. Did tobacco use contribute to the cause of death?

Examiner Physician/Medical

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. Was an autopsy performad?

1 Yee 2 No

24b. Wara autopsy findings available prior to completion of causa of daath?

3 Probably 4 Unknown

Approximata Intarval Batween Onsat and Death

1 Yas 2 □ No

25. Was casa rafarred to medical 1 X Yas 2 No 27. Mannar of Daath

5 Pending Invastigation 6 Could not ba detarmined

28e. Deta of Injury (Month, Day Year) 8-3-96 28a. Pleca of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

28b. Time of Injury ~0630 M

Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

28c. Injury at Work? 1 Yas 25 No

Other: 4 Nursing Homa 5 Rasidance 6 MOthar (Specify) SCENE 28d. Dascribe how injury occurred

Subject last control of Car 281. Location (Street end Number or Rural Route Number, City or Town, State) 145 North, two miles morth of White March Exit Baltinosco.

(Check only one)

1 Neturel

2 Accident

3 Sulcida

4 Homicida

Roadway 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date end place, and due to the causa(s) and menner as steted.

2 Medical Examiner: On the basis of examination and/or invastigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and titla of certifian

29c. Licansa number O.C.M.E. 29d. Data signed (Month, Day, Year) AUGUST 3, 1996

Nonald & Wright MD 30. Nama and address of parson who completed causa of daath (Itam 23a) (Type, Print)

DONALD G. WRIGHT MD 31. Data filed (Month, Day, Year)

111 Penn Street, Baltimore, Maryland 21201

26. Placa of Deeth (Check only ona)

State Registrar

AUG 0 9 1996

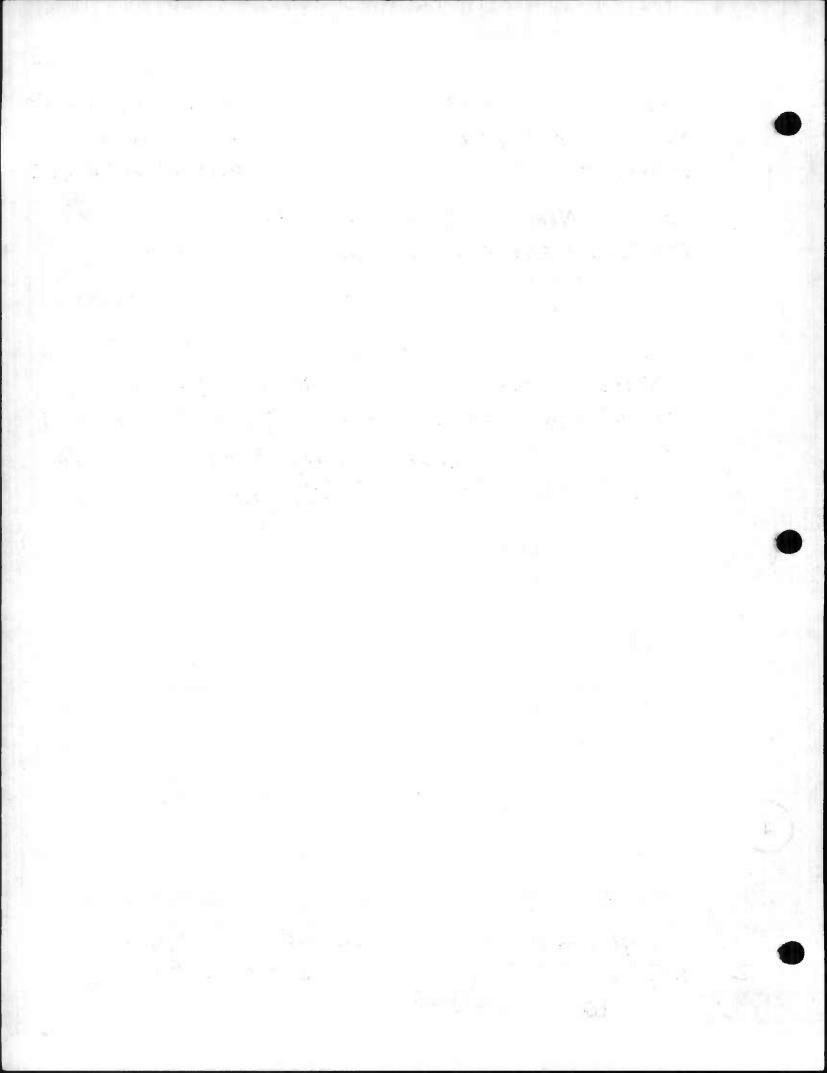


Automobile see

poor en nula

State of Maryland / Department of Health and Mental Hygiene 96 23625

		Certificate	of Death	Reg. No.	0 0000					
Physician /Medical	1. Decedent's Neme (First, Middle, Last) MATTIE	BRADLEY	N	ete of Deeth fonth Dey	Year 1.50 Pm					
Examiner	4e, Fecility Name (If not Institution, give street and num BON SECOURS HOSP,	ITAL	BALTIMOR	To a county	of Deeth NA					
Funeral Director	5. Social Security Number 238 - 48 - 36/3 Usuel Residence of Decedent	7. Age (In yrs. lest birthday) If Under 1 Y Months Di		ete of Birth fonth, Dey, Year) 1 - [8 - 14	9. Birthplece (State or Foreign					
death with the Maryland ms 23s or 28s-f show timest be nutified at neral Director	MD 10b. County	BALTIMORE			10d. Inside City Limits 1 ☑ Yes 2 ☐ No					
uffer death with the Mar r items 23s or 28s-f si mer man be notified Funeral Director	851 GEORGE STREE		1201	10g. Citizen of	Whet Country?					
al', or ite	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decer Armed For 1 1 Yes, Give Yeer or De	2 1 ☐ Yes 2 1 ☐ Yes	of Hispenic Origin? (Specify N Cuban, Mexican, Puerto Rican No Specify:	(es or No- bla), etc.) 14. Rac Bla	ce - American Indien, ck, White, etc. V: BLACK					
"nat	15. Decadent's Education (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-	life. DO NOT use re	one during most of working attred)		usiness/industry ESTIC					
Mental H irked oth pric ever	17. Fether's Neme (First, Middle, Last) WILL COVIER			t, Middle, Maiden Sumen	NES					
Heelth end Heelth end stranger	19e. Informant's Neme/Relationship (Type, Print) MOSES BRADLEY 20e. Method of Disposition	19b. Melling Address (St. HUSBAND) 851 GEO	reet end Number or Rurel Rou DRGE ST. AP1	95; BALT	0, MD 21201					
ary int	1 № Burlal 2 □ Cremetion 3 □ Removel from S 4 □ Donetion 5 □ Other (Specify) 21. Signeture of Funeral Servica Liousses		PHOCE) LETERY 8-1		City or Town, Stele					
Departin Departin Importa any inje	13VE Dow	UNITY	FUNERAL H NORTH AVE	BALTO, M	D 21201					
hysician /Medical	23a. Pert1. Enter the disease, or complications that call shock, or heart failure. List only one cause on earlier than the call of the cause of the call of the cause of the call of the c	used the deeth. Do not enter the mode of chiline.	dying, such es cardiac or resp	oifetory errest,	Approximete Interval Between Onset and Deeth DA 4.5					
Examiner E	resulting in deeth)	Due to (or es e consequence of): 2/05 CLEROTIC			SE YEARS					
ettending physician and ifor use as the bunal-transit clan/Medical Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury Cause (Disease or Injury Cause (Disease or Injury) Cause (Disease									
nding physician and use as the burial-transit	thet initiated events resulting in death) Lest	Due to (or es e consequence of):								
ss been signed by the ettendin 2 should be detached for use pieted by Physician/M	Pert ff. Other significant conditions contributing to dea	given in Pert I.	23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown							
been signed should be del	ACUTE RENA DIABETES M	ELLITUS	2	4e. Wes en eutopsy performed?	24b. Were eutopsy findings eveileble prior to					
icate hes been s	277131			1 ☐ Yes 2 2 No	completion of cause of deeth?					
ertifica ector, 1	25. Was case referred to medical exeminer? 26. Place of Deeth (Check only one)									
To get	1 Yes 2 No Hospitel: 1 Man	patient 2 ER/Outpetient 3 DOA	Other: 4 Nursing Home 5	Residence 8 Oth	er (Specify)					
at Directors the call in by the funeral Certification:	27. Menner of Death \text{Noture1} 5 \text{Pending} investigation 3 \text{Suicide} 6 \text{Could not be} 28e. Deate of \((Month, \))	njury et 28d. D Work? 1 Pes 2 No	28d. Describe how Injury occurred							
ours after our after our filled in by	4 Homicide determined 256. Place o building	f Injury - At home, ferm, street, factory, off, , etc. (Specify)	C	ity or Town, Stete)	on (Street end Number or Rural Route Number, r Town, Stete)					
Hos Ber	one) 21/1 Medical Examiner: On the bas	CI III CI	ny opinion, deeth occurred et t	he time, dete end placa,	end due to the ceuse(s)					
within To the comple	1000	11 1	6 395	9151	d (Month, Dey, Year)					
2	3 0000	of deeth (Item 23a) (Type, Print)	OUR HUSPI	TAL BALT	MORE MD					
State Registrar	AUG 0 9 1996	SEX POWERS								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 23626 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 3. Time of Deeth 2. Date of Deeth **Physician** unningham ewse 6:31 AM /Medical 4b. City, Town, or Location of Deeth 4c. County of De 4a. Facility Name (If not institution, give street end number) Examiner maryland Baltimore City Hospital 5. Social Security Number 8. Date of 9. Birthplece (State or Foraign Country) 6. Sex lest birthday) **Funeral** Months Hours -03-9956 Director Usual Residence of Decadant with the Marylend 10a. Stata 10b. County 10c. City, Town or Location 'natural', or items 23s or 28s-f show 10d. Inside City Limits HMORE 1 TYSS 2 No event, the Medical Examiner must be notified 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? Funerai death Wes Decedant Evar in U.S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuben, Mexican, Puarto Ricen, etc.) 11. Marital Stetus 14. Raca - American Indian. Black, White, etc. Pages 1 and 2 should be filed within 72 hours efter 1 ☐ Yes 2 [3] If Yes, Give Yaar or Datas: 1 Never Merried 2 Married 2 910 Baltimore, Maryland 21215-0020 1 Yes 2 1 No Specify þ 3 Widowad 4 Divorced Black Be Completed 16e. Decedent's Usual Occupation
(Give kind of work done during most of working
f life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Department of Health end Mental Hygiene important: If Item 27 Is marked other than any injury or other traumatic event, the Me tery/Secondary (9-12) Coliage (1-4or 5+) KEEME grade 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Maidan Sumeme) ETCHER 2 20a. Method of Disposition 1 Burial 2 □ Cremetion 3 Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funerel Service Licenses 1578 TSHEW 6 of 23e. Pertiture disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock or haert failure. List only one cause on each line. Approximeta Interval Between Onset end Deeth Physician on willebrand /Medicai Immediate Ceuse (Finel disease or condition resulting in death) **Examiner** Physician/Medicai Examiner Obsteuction To the Hospital or Attending Physician: The law requires that the death certificate be executed the bunel-transit Sequentielly list conditions, if eny, leeding to immadiete causa. Enter Underlying Ceuse (Diseese or injury thet initieted events resulting in daath) Lest Box 68760. attending physician Due to (or es e consequenca of) use es P.O. 1 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uss contributs to the cause of death? 3 Probably 4 Unknown arture 1 Yes 2 No Records, Be Completed by 24b. Were autopsy findings evellable prior to completion of cause of deeth? 24e. Was en eutopsy performed? page 2 2 No After this certificate 1 ☐ Yas 2 ☐ No Division of Vital director. 25. Was case referred to medical axaminer? 26. Piece of Deeth (Chack only one) 1 Yes 2 No Other: 4□ Nursing Home 5□ Residanca 6□Other (Specify) Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA filled in by the funeral 27. Magnar of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Neturel 1 Yes within 24 hours efter deeth.

To the Funeral Director: A completely filled in by the fu 2 No 2 Accident 3 ☐ Suicida 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, ferm, streat, fectory, offica building, etc. (Specify) 4 I Homicide Certifying Physician: To the best of my knowledga, deeth occurred et the tima, data end pleca, end due to tha ceuse(s) end mennar es steted.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the tima, dete end plece, and dua to the ceuse(s) end manner stated. 29a. Certifier Medical (Check only one)

29c. License riumber

markyland

29d. Dete signed (Month, Day, Year)

State Registrar

31. Date filed (Month, Dey, Yea AUG 0 9 1996

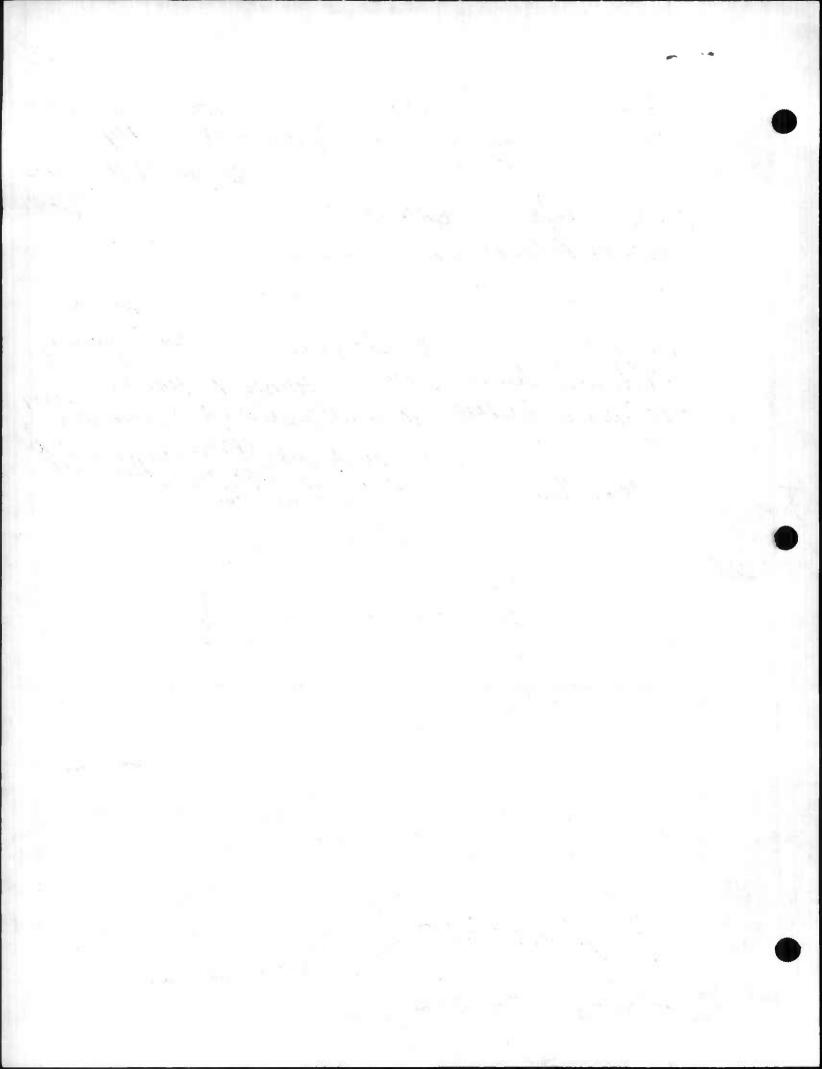
bong

29b. Signature-6hd title of certifie

30. Name and adding

C/0 m.D. Km, 32. Ragistrade Signature

plated cause of deeth (Itam 23a) (Type, Print)



Physician	4.0				Certifi	cate of	Dealli		Reg. No.			
	1. Da	edent's Name (First, Middle, L			COLF			2. Date of D		O ^Y ear	3. Tima of Dea	
/Medical	10 50	LEE	LARES		COLE						2:30	
Examiner	48. F8	cility Name (If not institution, g					4b. City, Town, or		-			
THE REAL PROPERTY.	5 Coo		ERLEIGH Sex	ROAD 7. Age (In yrs. las	A Link of M	Under 1 Yea	BALTIM		/			
Funeral Director	180		1□ M 2∏ F	89 89		onths Days		. (Month, D	ay, Year) 3, 1906		arolina	
MOI TH	10a. S	tate 10b. County		10c. City, 7	Town or Location	n				10	d. Inside City L	
and Mental Hygiane. Is marked other than "natural", or frams 23a or 28a-f show aumatic event, the Mexical Examiner must be notified at To Be Completed by Funeral Director		ryland N/A		Bal	tim,ore		ALTIMORE				1 Yes 2	
23a or	473	treet and Number KIMBE 66 Kimberleihg	RLEIGH Road		1	Of. Zip Code 21212	2		10g. Citizen of V United			
natural, or liams 23s or 28s-f show vicel Exeminer must be notified at eted by Funeral Director	10	nftal Status] Never Married 2☐ Married] Widowed 4☐ Divorced	12. Was Dece Armed For 1 ☐ Yes If Yes, Giv Year or Da	2 XNo		Decedent of s, specify Cul res 2 X No	Hispanic Origin? (Span, Maxican, Puel Specify:	Specify Yas or N to Rican, atc.)		e - America ck, White, e	tc.	
"natural", indical Ext		15. Decedent's 8 (Specify only highest g.	Education rada completed)		16a. Decedent's	S Usuel Occu	pation during most of we	rkina	16b. Kind of Bi	nd of Business/Industry		
ygiane. ner than "natura nt, the Medical Completed		nantary/Secondary (0-12)	College (1	-4or 5+)	L.P.N		during most of wo	g	Medi	ical		
event,	17. Fa	ther's Name (First, Middle, Las	(1)				18. Mother's Na	me (First, Middl	a, Maiden Surnam	ia)		
arked affice.	W	LL COLE			ANNA D	IGGS						
E THE	19a. I	nformant's Name/Relationship	(Type, Print)		t and Number or F	or or Rural Route Number, City or Town, State, Zip Code						
n 27 i	HA	YWOOD MATTHEE	MATTH	eigh RD,	Baltim	ore, MD	21212					
Department of heath and wherlat Hygene. Important: If item 27 is marked other than any injury or other treumatic event, are Me once. To Be Comple	1	ethod of Disposition Burial 2 Cramation 3 Donation 5 Qther (Spec		aca)	Data 8-12-96	20c. Location -						
ortar inju	-	gnature of Funeral Service Lice	/	0	ass of Facility		NORTH	•				
Depa impo any ir	•	Alune!	n 4	6.16	lal N	1 (MARCH FH.	-1101	E. NIRTH	- AVE	NUF	
	23a. I	Part1. Enter the disease, or con	nolication's that ca	aused the death.							Approximate	
ng physician and s as the burial-trensit Medical Examiner	Seque if any, cause Cause	ntially list conditions, leading to Immediata Entar UndarlyIng (Disease or Injury	b	Due to (or a	s a consequence		rdial tery	a y	NO.			
D 8 2	that in	itiated events ng in death) Last	d	Due to (or as	s a consequenc	e of):						
for use		*			d							
	Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I.											
d by the attendir	Respecteusion								tobacco use co	1		
b ed		Kegkeeter	سع رضم	ath but not resultir	ng in the underl	ying causa g	iven in Part I.	1	Yes 20 No	3 Probe	ibly 4 Uni	
b ed		Regkeeter	بع رض	ath but not resulting	ng in the underl	ying causa g	iven in Part I.	1 [24a. Wa	/	3 ☐ Probe	ably 4 Uni	
2 should be d		Regperter	راع رض	ath but not resultir	ng in the underl	ying causa g	iven in Part I.	1 = 24a. Wa	Yes 2 No s an autopsy ormed?	3 Probe	ably 4 Unit	
2 should be d		Respecter	بع رض	ath but not resultir	ng in the underl	ying causa g	iven in Part I.	1 = 24a. Wa	Yes 20 No	3 Probe	e autopsy findi lable prior to pletion of caus sath?	
ertificate has been signed order, page 2 should be d	өх	Respected Dement	LOC Hospital			,	26. Plece of De	1 = 24a. Wa	yes 20 No	3 Probe	e autopsy find lable prior to pletion of caus sath?	
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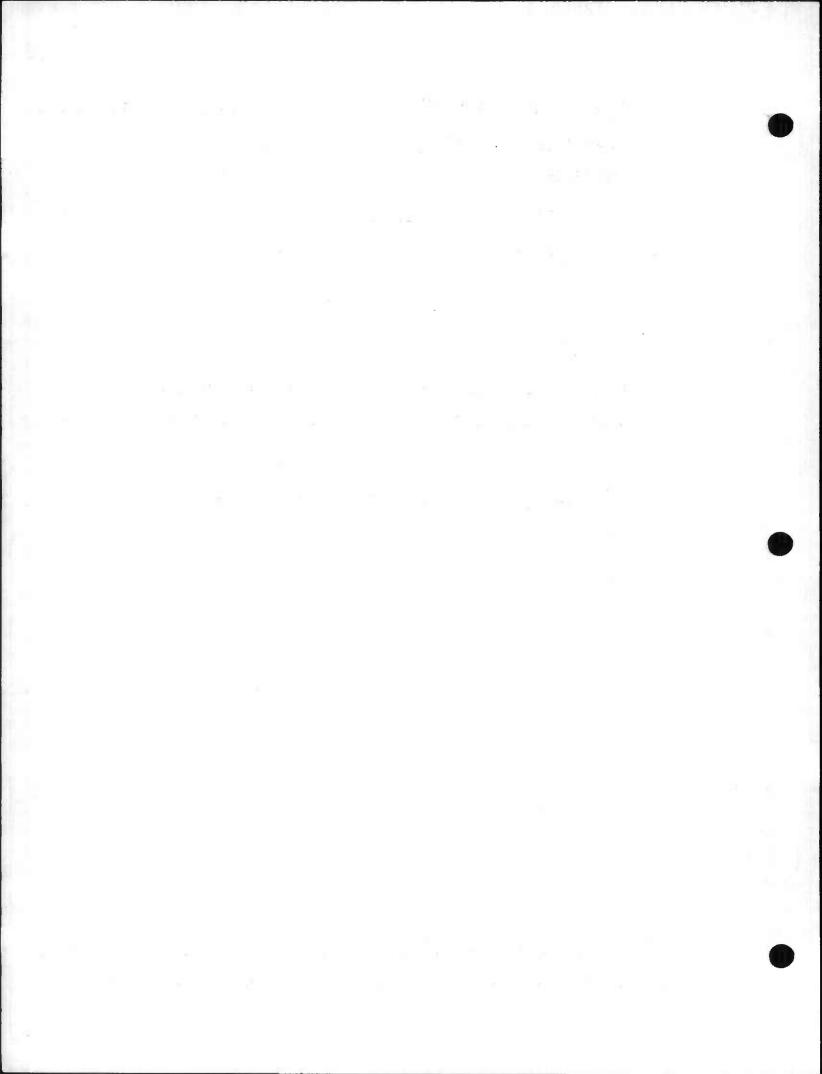
DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 96

L					Ce	rtificate of	Death		Reg. No.	
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	Exami	ilei	JOHNS HO		HOSPITA	1	BATT	IMORE	- n	72
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	Director		216-78-5544	1₩ 2□ F	36 Yrs.	Months Deys	Hours M	in. Manth C	Per Year) 960	BALTIMORE, M
	pu .		Usuel Residence of Dacedent 10e. State 10b. County		100 Chr. Town or b					
	2 should be filed within 72 hours after death with the Maryland and Mental Hyglene. I natural, or items 23a or 28e-f show surratic event, the Medical Exeminer must be notified at	ector	MD	/ a	BALTI	MORE		-144		10d. Inside City Limits 1 ☑ Yes 2 ☐ No
	er death with the ferma 23a or 2	Funeral Director	1628 N. WAS	HINGTON	ST.	10f. Zip Code	21213	3	10g. Citizan of Wh	STATES
	er de	nue	11. Marital Status	12. Wes Decedent Armed Forces?	Ever In U,S. 13.	Wes Decedent of H if Yas, specify Cuba	fispenic Orlgin? an, Mexican, Pu	(Specify Yes or Narto Rican, atc.)	lo- 14. Raca - Bieck,	- American Indien, White, atc.
21215-0020	72 hours after "natural", or i	Completed by F	1 ☐ Naver Merrled 2 ☐ MArried 3 ☐ Widowed 4 ☐ Divorcad		№ NAT. guard	1□Yes 2□, No	Specify:		Specify:	BLACK
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Baltimore,	교원관등	li	21. Signature of Funeral 867vice Lice	nsee	-	2. Name and Addre				, , , , ,
B	Depa Impo		Sime	TINK.	mu_	WM. C.	MARCH	FH110)1 E. N	ORTH AVE.
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Y	Physician	1	oroon, or room tallero. Classonly							Onset end Deeth
	/Medical Examiner		Immediate Cause (Final disaese or condition	>	EPSIS					3 DAYS
	LAMINITE	L	resulting in deeth)	0.	Due to (or es e conse	quenca of):				
9	pe sit	nle e		b. —						
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o.	the de	Physician	Pert II. Other significant conditions	contributing to deeth be	ut not resulting in the u	nderlying cause giv	ven in Pert i.	23b. Die	i tobacco use conti	ributa to the cause of death?
۵.	that the de ed by the a deteched i		ACQUIRED 1	MMUNC	DEFICIE	NCY S'	INDRE	mE 10]Yee 2□No 3	3 □ Probably 4 □ Unknown
ds,	requires that the death been signed by the atter hould be deteched for t	d by						24e, We	s en eutopsy	24b. Were autopsy findings
00		lete						per	formed?	avelleble prior to completion of cause of deeth?
of Vital Record	The law sata has b	Completed						S-	0.00	
<u>e</u>	Iclan: The certificata rector, pag		25. Wes case referred to medical				Oc. Dines of F		Yes 2□No	1 ☐ Yes 2 No
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حة	s after si Dire ed in b	Certification:	4 2 110111000	building, etc	з. (Эресну)			Oily or 1	JWII, Sielaj	
	To the Hospital or manned Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	29e. Certifier (Check only one) Certifying Pt 2 Medical Example (Check only one)	nysician: To the best of miner: On the basis of end menner ste	of my knowledge, deetl examinetion end/or in sted.	n occurred et the tin vestigation, in my o	ne, dete and pla pinlon, deeth o	ice, and due to the courred et the time	e ceuse(s) end meni o, dete end pleca, en	ner as steted. Indicate due to the cause(s)
	within To the comp	X	29b. Signature and title of cartifier			29c. Licens	a number		29d. Data signed	(Month, Day, Year)
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	5		30. Neme end eddress of person who					0 =	HUSPIN	
			KRISTIN THOM	MMD	DUERI	10 JUHA	us Ho	PKINS	HOSPID	71
	Sta		31. Dete filed (Month, Dey, Year)	32. Registre	er's Signeture					
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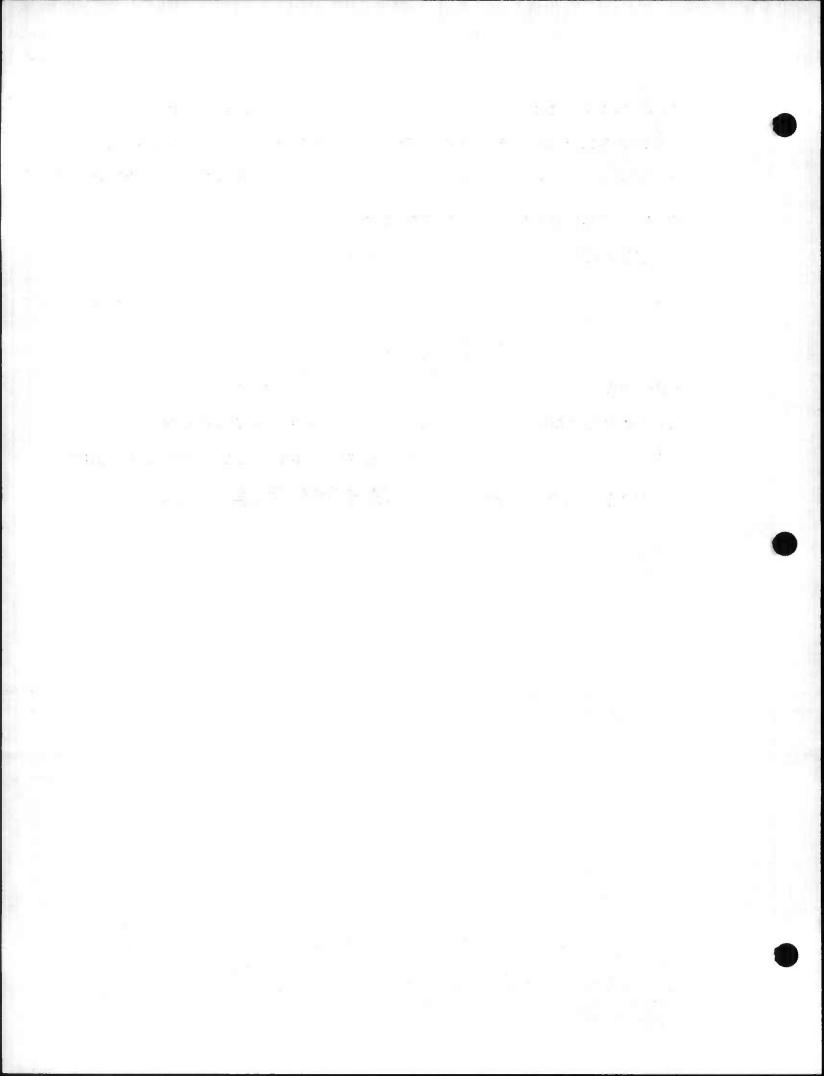
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

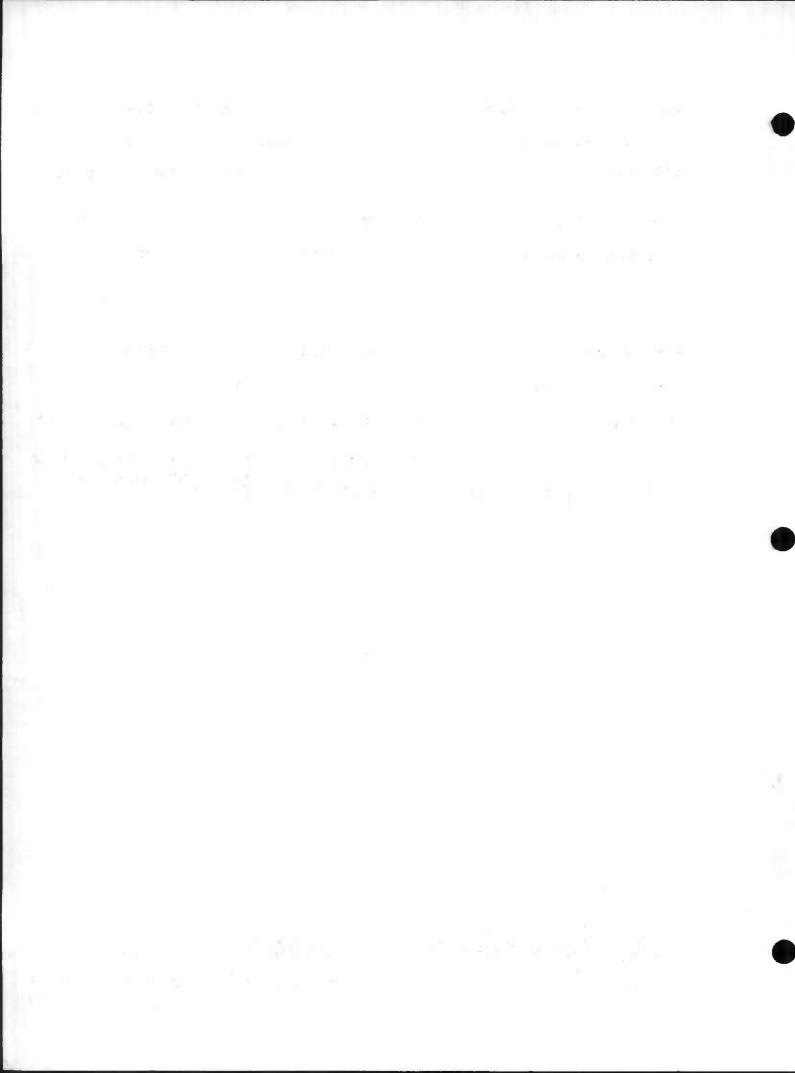
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Certificate of Death 1. Decedent'a Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Day **Physician** AARON FEASTER CURTIS AUGUST 4, 1996 12:00AM /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner LORIEN FRANKFORD NURSING & REHABILITATION CENTER BALTIMORE BALTIMORE CITY If Under 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Dey, Year) 9. Birthplace (Stete or Foreign **Funeral** 10 M 20 F Director 215-01-3777 FEBRUARY 11, 1912 BALTIMORE CITY, MD Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits tem 27 is marked other than "natural", or items 23s or 28s4 show other treumatic event, the Medical Examinar must be notified at 1 Yas 2 No Director MARYLAND BALTIMORE BALTIMORE COUNTY 10e, Street and Number 10f. Zip Coda 10g. Citizen of What Country? 108 FULLER AVENUE 21206 U.S.A. Funeral 12. Was Decedant Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-it Yes, specify Cuban, Maxican, Puarto Rican, etc.) 11. Marital Status 14. Race - American Indian, Black, Whita, etc. filed within 72 hours after Hygiene. 1 Yas 2X No 1 Naver Married 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: WHITE à 3 Widowed 4 □ Divorced Yaar or Datas: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Buainass/Industry pernit. Peges 1 and 2 should be filed withir Department of Health and Mental Hygiene. Important: If flam 27 is marked other than eny Injury or other treumatic event. In the Mental Intelligence of the file Mental Intelligence of the Intelligence o Elamantary/Secondary (0-12) College (1-4or 5+) CABLE WORKER 6 N/A WESTERN ELECTRIC 17. Father's Nama (First, Middle, Last) 18. Mother'a Name (First, Middle, Maiden Sumeme) Be AARON CURTIS LETHIA METZEL 2 19a. Intermant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARY JOHNSON (DAUGHTER) 3725 FRANKFORD AVENUE BALTIMORE, MARYLAND 21206 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition Data 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) MEADOWRIDGE CEMETERY AUGUST 7 1, 1996 HOWARD COUNTY, MARYLAND 22. Nama and Addrass of Facility LASSAHN FUNERAL HOME, INC. 7401 BELAIR ROAD BALTIMORE, MARYLAND 21236-4625 XHI 23a. Part1. Enter the diseasa, ok complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. **Physician** /Medical Immediate Causa (Final disaase or condition resulting in death) Examiner Examiner buriai-transit Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disaase or Injury that Initiated evants resulting In death) Last and certificate be axecu Box 68760. physician Physician/Medicai the Dua to (or as a consequança ot): 88 080 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. P.O. the i 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ The law requires 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy Completed peen : has page 2 2 0 No 1 Yes 1 Yes 2 No 25. Was case reterred to medical examiner? Be 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 2 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred Medical Certification: 28c. Injury at Work? 5 Pending Investigation 1 Natural 1 Yes 2 No Attend after death Director: 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital or e Funeral Di eletely filled in 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at tha tima, data and place, and due to the cause(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and placa, and dua to the causa(s) and manner stated. within 2 29b. Signature and title of certifier 29d. Data signed (Month, Day, Year) Mu as 30. Nama and address of person who completed cause of death (Item 23a) (Type, Print) PFURA 31. Data filed (Month, Day, Year) AUG 0 9 1996 Sulia Talifagistar Asignitude State



State of Maryland / Department of Health and Mental Hygiene 96 23630

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	/Medi Exami		4e. Fecility Neme (If not Insti						4b. Ci	ity, Town, or L	ocation of Deeth	4c. County		2.00 AIT
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Н	Funeral		5. Social Security Number	6. S		7. Age (In yrs.	last birthdev	If Under 1 Y		Inder 24 Hrs.	8. Dete of Birth			lece (State or Foreign
	Director		219-07-4165 Usuel Residence of Deceder	1	□м 2🂢 F		32 Yrs.		eys H	ours Min.	(Month, Day, Oct 12,	Year)		lece (Stete or Foreign try) cginia
	wo to		10e. Stete 10b. Co			10c. Ci	ty, Town or Lo	ocation					10	0d. Inside City Limits
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0	fing Ph h. After th funeral		27. Menner of Deeth 1 Naturel 5 □ Pe	ndlag	28e. Dete	of Injury th, Dey Year)	28b. Time o Injury	f 28c.	Injury et Work?		28d. Describe ho	w Injury occur	red	
Division	or Attending P atter death. Director: After t d in by the funer	atic	Accident In		M	1 Yes	2 🗆 No							
<u>Vis</u>	Afte ecto by th	III III	3 Sulcide 6 Could not be determined 28e. Pleca of Injury - At home, farm, building, etc. (Specify)						fice		28f. Location (St. City or Town		per or Rura	I Route Number,
	s after	Certification:			buildi	ng, etc. (opecin	,,				Ony or roun.	, 0.010)		
	Hospital 24 hours Funeral stely filled		29e. Certifier Cert	ifying Phy	sician: To the	best of my kno	wledge, deetl	h occurred et th	he time, da	ate end piece,	end due to the ca	use(s) and ma	anner es st	eted.
	To the Hospital or Attend within 24 hours after death To the Funeral Director:, completely filled in by the	edical							my opinior	n, deeth occur	red at the time, de	ete end pieca,	and due to	the cause(s)
	To the within 2 To the comple	×	29b. Signeture end title of certifier 29c. License						cense nun	nber	25	9d. Date signe	d (Month, (Dey, Year)
				100	ind	Ilm	`	T	20	GILE	5	8/1	19	6
	91		30 Name and address of no	ann who	ompleted cour	and death (Ita-	n 23a) (Tuna	Print)	100	100		0/6	11	<u> </u>
	2	30. Name and eddress of parson who completed cause of deeth (Item 23e) (Type, Print					10 1	NO	CNI	OT D	D P	conda	Mckmins	
		10	31. Date lijed (Month, Day, Y	ear)	A MA	egistrar's Prons	U)	LU L	14	CUU	71 7	N N	MILL	MAN
	Sta Registr		AUG 0 9 199	16	which part	don-Man	كالمات							DID



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Year AUGUST 4. ELIZABETH HELEN DIETRICH 1996 8:39 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 4101 MARY AVENUE BALTIMORE BALTIMORE CITY If Undar 1 Yaar if Undar 24 Hrs. Months Days Hours Min. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthpiaca (Stata or Foreign Country) **Funeral** Months Days 1□ M 2□ F Yrs. Director 220-30-1950 MAY 14, 1909 NEW YORK, NEW YORK Usual Rasidance of Dacedant with the Maryland r 28a-f show 10a, Stata 10c. City, Town or Location 10b. County 10d. insida City Limits 1 Yas 2 No Director MARYLAND BALTIMORE CITY BALTIMORE 10a. Street and Number 10f. Zip Code 10g. Citizan of What Country? 7 is marked other than "natural", or itema 23a or traumatic avent, the Medical Examiner must be re 4101 MARY AVENUE 21206 U.S.A. Funeral death 12. Was Decedant Evar in U.S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puento Rican, atc.) 11. Marltai Status 14. Race - Amarican Indian, Black. Whita, atc. filed within 72 hours after 1 Yas 2 X No if Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Married Saltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: É 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Hygiene. Elemantary/Secondary (0-12) Collaga (1-4or 5+) 12 REGISTERED NURSE JOHNS HOPKINS HOSPITAL permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other my injury or other traumatic avent, 2069. 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be STEVEN HUSZTEK ELIZABETH ERZBETH 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) JOHN R. DIETRICH (HUSBAND) 4101 MARY AVENUE BALTIMORE, MARYLAND 21206 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) METRO CREMATORY, INC. AUGUST 7, 1996 BALTIMORE, MARYLAND 22. Nama and Addrass of Facility
LASSAHN FUNERAL HOME, INC. 21. Signature of Funaral Sarvice Licent 7401 BELAIR ROAD BALTIMORE, MARYLAND 21236-4625 23a. Part1. Entar tha disaasa, or composhock, or haart failura. List only Approximata Intarval Between Onsat and Death dations that causad the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, one causa on each line **Physician** /Medical immediata Causa (Finai disaasa or condition rasulting in daath) COLON CARCINOMA Examiner Dua to (or as a consequence of): Examiner physician and s the burial-trans Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Dua to (or as a consequence of): the death certificate be exec Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequence of): esn for signed by the a Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contributs to the causs of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy Completed peed certificate 1 Yas 2 No 1 ☐ Yas 2 ☐ No Be 25. Was casa rafarred to medicai 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Mannar of Death 28d. Dascribe how injury occurred Certification: 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? Ather 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No invastigation for Attend after death Director: 2 Accident 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Piace of injury - At homa, farm, street, factory, office building, atc. (Specify) á 4 Homlcida 15 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar cal (Check only one) 24 8 To the within 2 To the 29b. Signature and little of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) D47312 AUGUST 5, 1996 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) JOHN'S HOPKING ONCOLOGY CONTEN, BATHME MO

State Registrar

SELL, MD Phi)
32. Ragistrac's Signatura
2 Naviguon—Randelle DIDONNELL 31. Data filed (Month, Day, Year) AUG 0 9 1996

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 23632

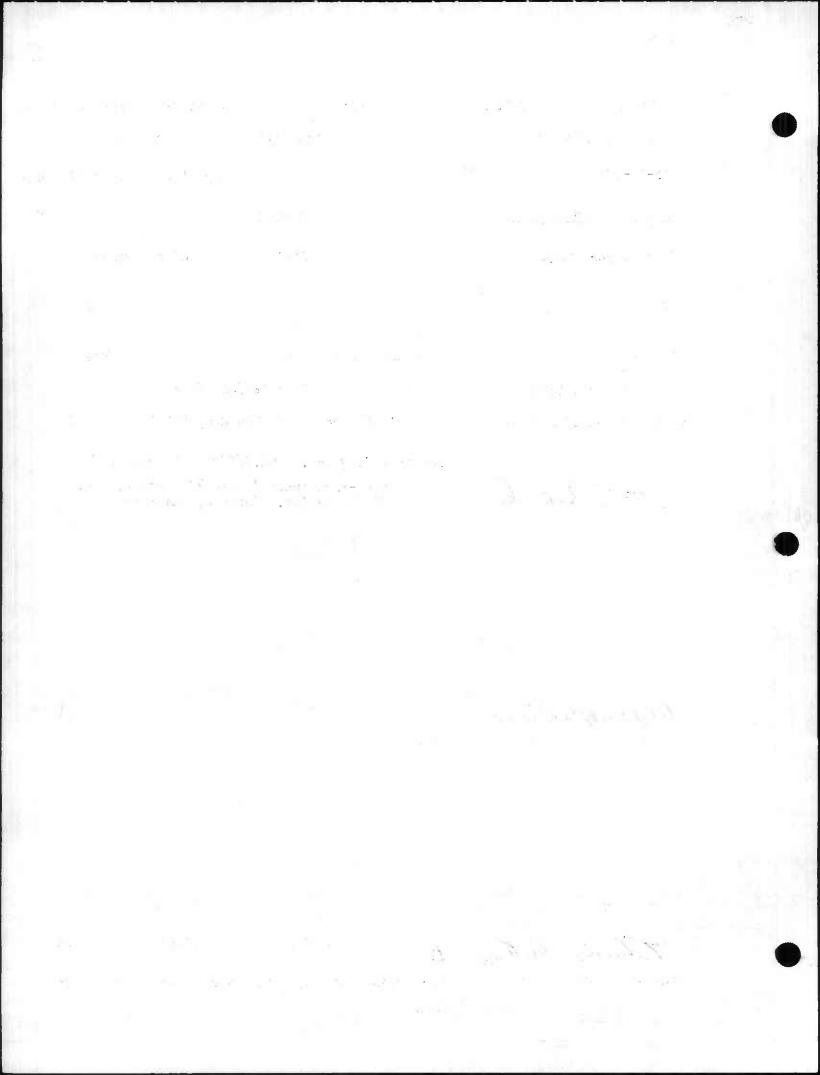
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15-0020 n 72 hours after death with the Maryla "natural", or items 23a or 28a-l show	Examiner m	2052 Kelm 11. Maritai Status 1 Navar Marriad 32 Widowad 4	2 Married	12. Was Deceda Armed Forca 1 ☐ Yas 2 ∯ If Yas, Giva Yaar or Data:	s? [] No	1	Vas Dacedani Yas, specify □ Yas 2		panic Origin? (S , Maxican, Puan Specify:	pacify Yas or N to Rican, atc.)	0- 14. Rad Bia Specif	ce - Amarice ck, Whita, a	
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aryland should be fi nd Mental H marked off		James Lin	coln Lil						Anna I	safene 1			10
F F F S	other traumatic	19a. Informant'a Name Gloria Vra	blic/Dau										1222
Baitimore, permit. Pages 1 ar Department of Hea Important: If New 2	ury or of	1 Buriai 2 □ C	20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20c. Location - City of cematary, cramatory or other placa) 20c. Location - City of cematary, cramatory or other placa) 20c. Location - City of cematary, cramatory or other placa) 20c. Location - City of cematary, cramatory or other placa) 20c. Location - City of cematary, cramatory or other placa) 20c. Location - City of cematary, cramatory or other placa) 20c. Location - City of cematary, cramatory or other placa) 20c. Location - City of cematary, cramatory or other placa) 20c. Location - City of cematary, cramatory or other placa)										Maryland
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IV.		30. Nama and addrass Theodore						ree	t, Bal	timore	, Mary	land	21201

State

Registrar

31. Data filad (Month, Day, Year)

AUG 0 9 1996



4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday 218 1 M 2 F 61 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet HOZIZEN Specially CENTER DIRECTOR 10b. COUNTY 10a. STATE permit. 10e. STREET AND NUMBER FUNERAL filled in by the funeral director, page 5 should be detached for use as the buriat-transit on, or remoral. 835 S. MONTFORD AVENUE the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 3 🔀 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) 8 YEARS PACKER 17. FATHER'S NAME (First, Middle, Last) WILLIAM KOCUR notified at Page 6 may be retained by BE 19a. INFORMANT'S NAME (Type/Print) 10 MR. JAMES DUDEK 20a, METHOD OF DISPOSITION g 20a, METHOD OF DISPOSITION

1 \(\text{Densition} \) Burlai 2 \(\text{Cremation} \) Cremation 3 \(\text{Ren} \) Ren

4 \(\text{Donation} \) Donation 5 \(\text{Other} \) Other (Specify) \(\text{Cremation} \) must oval from State SIGNATURE OF FUNERAL SERVICE LICENS EE examiner ours after death. medicai ŏ **IMMEDIATE CAUSE (Final** and completely fille o burial, cremation, the disease or condition_ Failure Kenal event, 1 resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): Atheroscleration traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to signed by the attending physician in Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING Hypertension CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST injury, MEDICAL fibrillation any shows a certificate has been in the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: 1 TES 2 KNO 1 | Inpatient 2 | ER/Outpatient 3 | DOA OR ATTENDING PHYSICIAN: 6 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF INJURY with t 28 is marked, 1 Natural After the death v BY 2 Accident 3 Suicide COMPLETED 6 Could not be detarmined DIRECTOR: / 4 Homicide If item 29a. CERTIFIER FUNERAL WITHIN 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 296, SIGNATURE AND TITLE OF CERTIFIER BE MP 2 NESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND AND JOEN MESUNI HANDUERST 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG

ALIG 0 9 1996

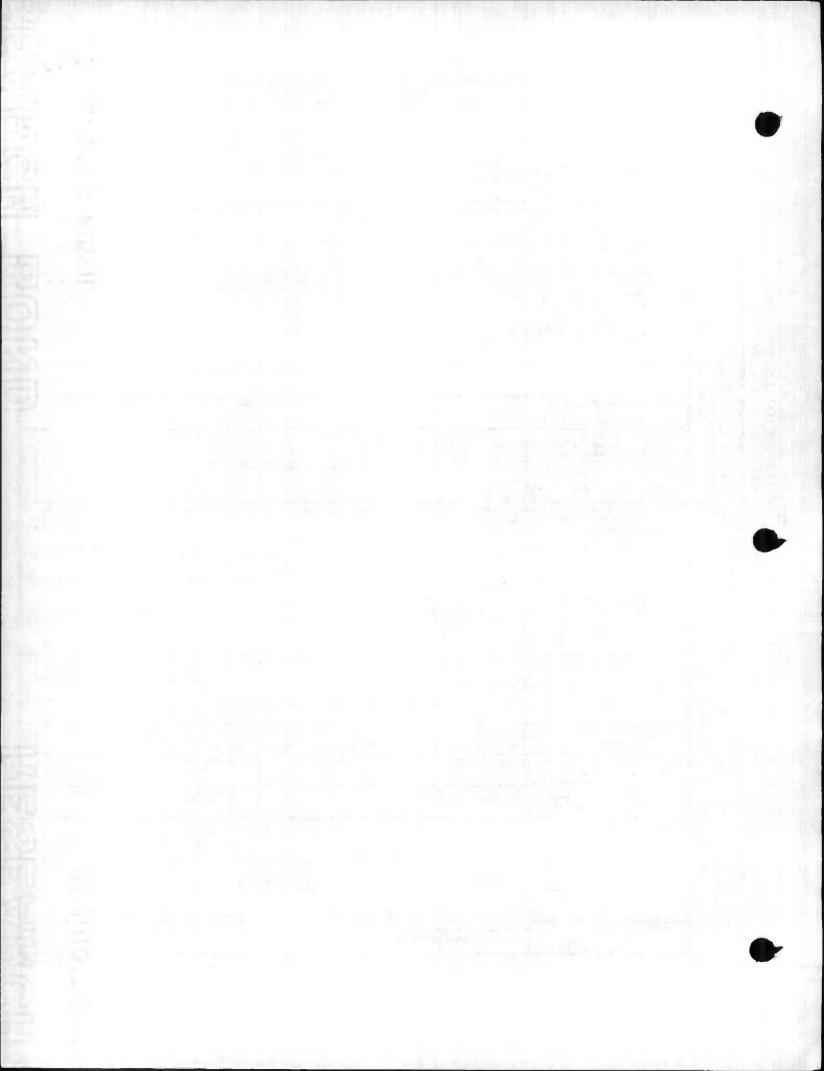
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEPENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH elen AM 6 IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOLANL 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21224 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. It yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY PACKING HOUSE 16. MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) CURLEY STREET BALTO. MD. 21224 20c. LOCATION --- City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of DATE ST. STANISCAUS CEMETERY8-10 BALTO. MD. 22. NAME AND ADDRESS OF FACILITY KACZOROWSKI FUNERAL HOME 1201 DUNDALK AVENUE BALTO. MD. 2122 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feiture. List only one ceuse on each line. Approximate interval Batween Onset and Death Tuesk Disease Vancular years 20 years PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 YES 2 NO 26. PLACE OF DEATH (Check only one, OTHER: ing Home 5 - Raaldence 6 - Other (Specify) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED M 1 YES 2 NO 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 1 ACERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the beals of axamination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 038675 8 96

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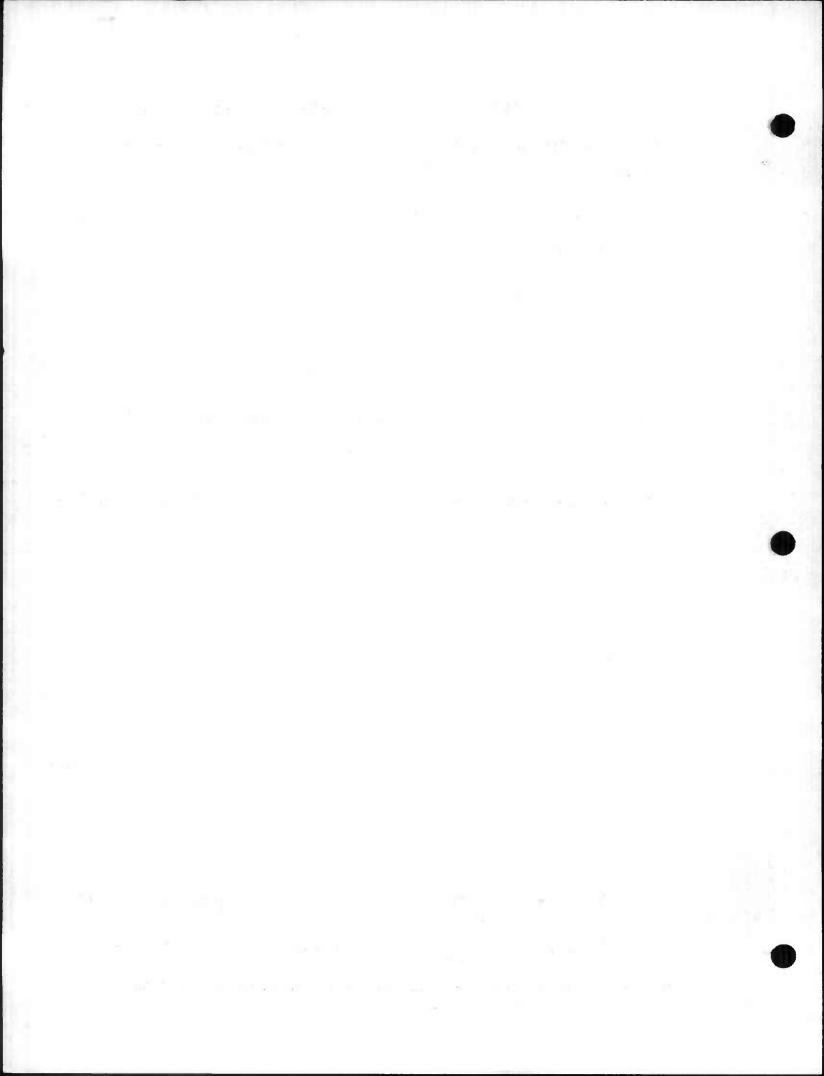
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State of Maryland / Department of Health and Mental Hygiene

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or d	5 5	Funeral	11. Meritei Status	Armed F			if Yes,	specify Cut	Hispanic Orig sen, Mexican,	Puerto Ric	an, etc.)	Bie	ce - America ck, White, e	an indian, Bic.
a a	5	by F	1 Never Merried 2 Marrie	M XYes If Yes, G	2□No live 194 Detes:	2-45	1 🗆 Y	s 201No	Specify:			Specifi	y:Whit	e
Port	hatural', or items 23a or 28a-f show	D	3 Widowed 4 Divorced		Detes:									
emit. Pages 1 and 2 should be filed within 72 hours aft	natur	Completed	15. Decedent's (Specify only highest	s Education grade completed)	16e. I	Decedent's (Give kind o	Usuel Occu I work done	petion during most ed)	of working		16b. Kind of B	usiness/Ind	lustry
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and			Wilda G. Engl	le W	idow	32	20 Hi	gh S	t. Me	yers	dale,	Pa. 1	15552	1
9-	f Heal Item 2 other		20e. Method of Disposition		20	b. Pieca of	Disposition	(Name of	2001		Dete	20c. Location -	- City or Tox	wn, Stete 1 5 5 5
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ital	a Sin													
To the Hospital or Attending	within 24 hours after death. To the Funeral Director: After the completely filled in by the funeral	edical	29e. Certifier 12 Certifying (Check only 2 Medical E)	Physician: To the transfer on the b	e best of my	knowledge,	deeth occur	rred et the ti	me, dete end	plece, end	due to the ce	ouse(s) and ma	innar as sta	ated.
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	1.		30. Neme and address of person wh	no completed cau	se ofdigath /	Kem 23e) (T	vpe. Print\				Ų			
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			Dr. Daniel Lei 31. Dete filed (Month, Day, Year)	Ullan-4Ch	Prisupon	L-Meillo	THI	позрі	car-cu	mberl	and, M	D 2150	14	
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E	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR EDNA RENÉ EVANS RENE EVANS-1996 M July 30, 6:26 P 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTN (Month, Day, Year) 6. AGE (in yrs, last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 M 2 X F 48 NEW YORK 055-40-4062 02-28-1948 9e. FACILITY NAME (If not institution, give street and number) HOSPICE 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR MERCY HOSPITAL - STELLA MARIS BALTIMORE N/A RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL SEVERN 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7815 POPLAR GROVE ROAD 21144 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 1 Q 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-1 USS XX NO Specify: 1 Never Married 2 X Merried 1971-BY 3 Widowed 4 Divorced BLACK 1979 ETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 CLERICAL DEPT. OF DEFENSE N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) McSWEEN LEWIS RANDOLPH MOATS AT.MA MONTE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 MAGGIE MOATS (COUSIN) 434 SWINTON AVE. BRONX, NEW YORK 10465 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Buriel 2 Cremetion 8/3/96MOYERS, WEST VIRGINIA MOATS FAMILY CEMETERY 4 Donation 5 Other 21. SIGNATURE OF FUN 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME, SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 23. PARY L Enter the , or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, ert feliure. List Dnly one cause on sech line. shock, or h Intervei Between IMMEDIATE CAUSE IT Onset and Death disease or condition Breast Cancer reaulting in death) yrs. DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AMAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA HOSDICE 4 - Nursing Home 5 - Reeldence 6 Other (Specify) 27. MANNER OF BEATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Netural 2 Accident 5 Pending investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Yourn, State) ETED 8 Could not be 4 Homicide CERTIFYING PNYSICIAN: To the beel of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. COMPL MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Dev. Year)

whenn

2300 DULANEY VALLEY RD.

31. DATE FILED (Month, Day, Year)
AUG 0 9 1996 32. REGISTERAS'S SIGNATURE

DR. KENDALL FAULKNER

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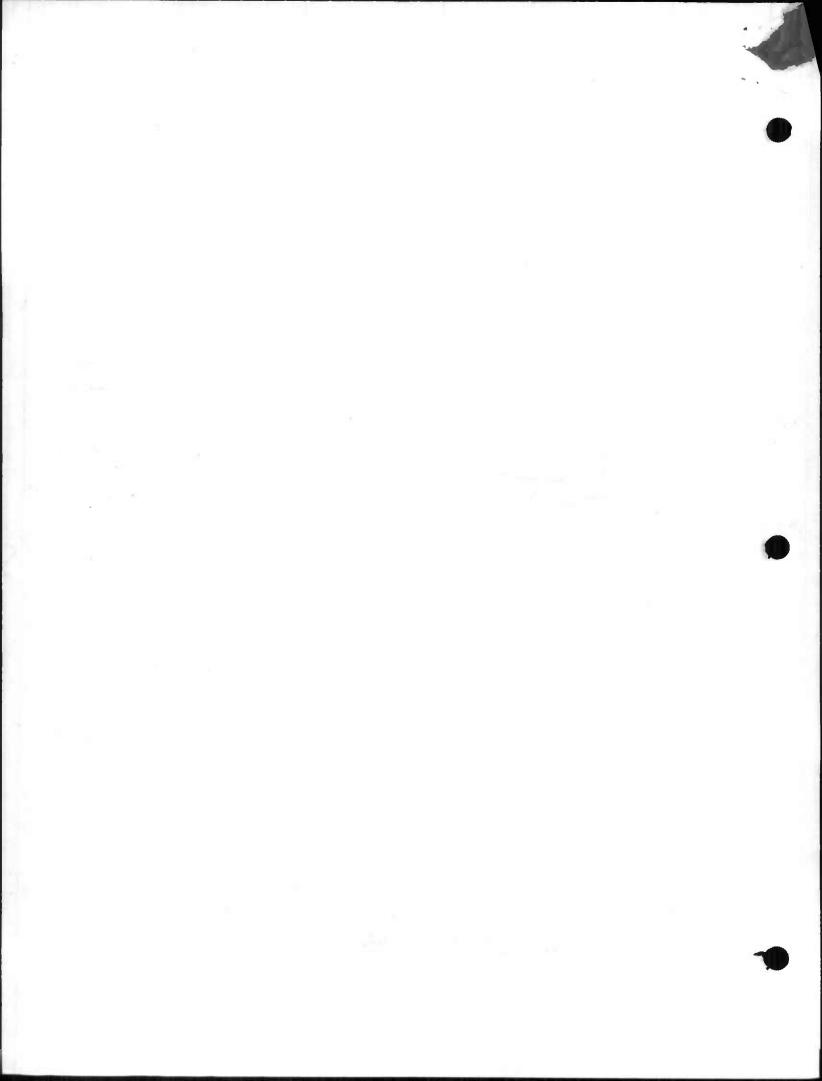
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

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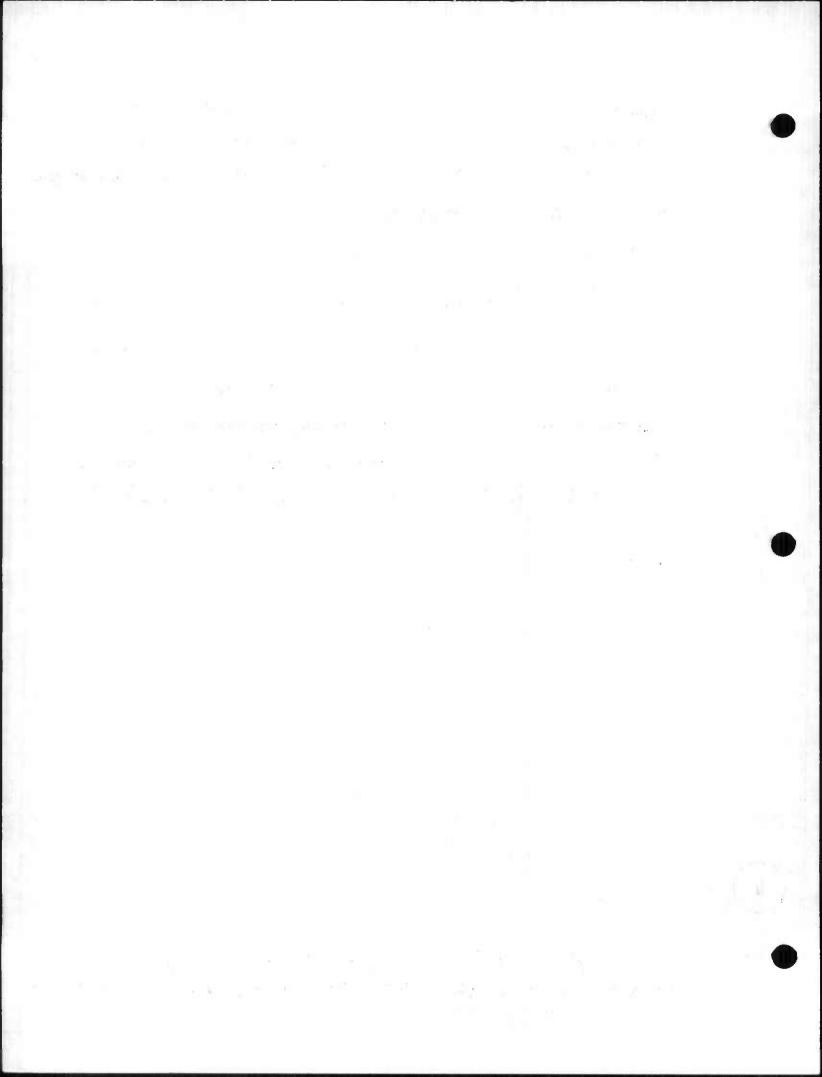
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** AUGUST 7, Day 1996 Yaar 17:40 P DONALD GEAR /Medical 4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** St. Agnes Hospital Baltimore H Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth Months Days Hours Min. NOV 14, 1 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1√2 M 2□ F 235-30-5774 70 Yrs. Director West Virginia Usual Rasidance of Decadant with the Maryland 10e State 10b. County IOc. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Maxical Examinar must be notified at 10d. insida City Limits N/A Md. Baltimore Director 1X Yas 2 No 10e, Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 1709 Cole Street 21223 USA Funeral death 12. Was Dacedant Evar in U,S. Armed Forcas? 1 M Yas 2 □ No If Yas, Giva Yaar or Datas: WW∏ Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, permit. Pages 1 and 2 should be filed within 72 hours efter d. Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Exempted. Black, Whita, atc. 1 Nevar Married > Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2√ No þ Specify white 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) Laborer Construction 10 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) Sterling Gear Vida Tacey 19a. Informant's Name/Ralationship (Typa, Pnnt) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Betty Gear - wife 1709 Cole Street, Baltimore, Md. 21223 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data XBurial 2 Cramation 3 Ramoval from Stata 8/_{10/96} Elkridge, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) Meadowridge Memorial Park 21. Signature of Funaral Sarvice Licens 22. Nama and Addrass of Facility Gary L. Kaufman Funeral Home of Elk., Inc. 5695 Main St., Elkridge, Md. 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdlac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onset and Death **Physician** /Medical Sudden Immadiate Cause (Final 45 minutes disaasa or condition resulting in death) Examiner Dua to (or as a consequence of). Examiner ocaroha ettending physician and for use as the burial-transit certificate be executed Sequentially list conditions, if any, leading to immadiata causa. Entar Underlying Causa (Disaase or injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): sion of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): signed by the ette Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown p 24b. Wara sutopsy findings available prior to complation of causa of daath? 24a. Was an autopsy performed? Completed has 1 Yas 2 ZHO 1 TVas 2 TNo 25. Was casa rafarred to medicel 26. Piaca of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this the funeral 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 27. Mannar of Death Certification: 28b. Tima of 28d. Dascribe how injury occurred 1 Naturai 5 Pending Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida 1 Certifying Physician: To tha best of my knowledge, death occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. 29a. Certifiar Medical 2 Madical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. (Check only one) To the within 2 To the 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of certifiar 29c. Licensa number D0050708 in D 30. Nama and addrass of purson who completed causa of death (itam 23a) (Type, Print) 11 Melville 900 Caton 31. Date filed Month, Day, Year)

Registrar's Signatura

u. Davidson-Randolle

DHMH 16 Rev 6/95

State



State of Maryland / Department of Health and Mental Hygiene

23637 Certificate of Death ITEMS10b&10c g738 8/9/96ag perFH 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Rosemarie Gramlich 1996 August 6, 10:33 A.M. /Medical 4a. Fscility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Univ. Of Maryland Medical Systems Baltimore N/A H Undar 1 Yaar If Undar 24 Hrs. 8. Date of Birth Months Days Hours Min. 10 67 1929 5. Social Security Number 7. Aga (In yrs. lest birthday) Birthpiaca (State or Foreign Country)
 Maryland **Funeral** Months 10M 20F 67 Yrs Director 217-26-1783 Usual Residence of Decedent 10a. State 10b. County ANNE ARUNDEL 10c. City, Town or Location 10d. Inside City Limits show 7 is marked other than "natural", or items 23s or 28s-f sho traumstic event, the Modical Examinar must be notified at Clen Purnic Maryland 1 Yes 2 No Directo GLEN BURNIE the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 17 Greenwood Ave 21061 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specity Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Biack, Whita, etc. 72 hours after 1 Yes 2 No If Yes, Give Yaar or Dates: 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If them 27 is marked other than "I any Injury or other traumade event, the Max Elementary/Secondary (0-12) Coilege (1-4or 5+) 12 0 Clerical Clerical 17. Father'a Nema (First, Middla, Last) 18. Mothar's Name (First, Middle, Meidan Sumame) Be Edward Kowalski Lillian A. Kielek 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Frederick E. Gramlich 1436 Thies Dr. Pasadena, Md 21122 Son 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Ramovai Irom State
4 Donation 5 Other (Specify) Oak Lawn Cemetery 8/9/96 Baltimore, Md Signature of Fungral 86 22. Nama and Address of Facility David J. Weber Funeral Home 401 S. Chester St. Baltimore, Md 21231 Pert1. Enter the disease, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Fine) & INTRACEREBRAL Atmino 2 HOLE disaasa or condition resulting in death) 18 hrs Examine Due to (or as a consequenca of): Examiner HORNIATTON 18 hrs ettending physician and for use as the bunal-transit The law requires that the deeth certificata be executed Sequentially list conditions, if sny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760. Spenia DHRS C. CRIFERM Physician/Medical (twelve) the Due to (or as a consequence of): 60 60 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 8 1 Yss 2 No 3 Probably Munknown signed l Records, Š cate hes been sig Completed 24a. Was an autopsy performed? 24b. Were autopsy findings svailsble prior to completion of cause of death? 1 Yes 2 No 1 Yes 2 No Be 25. Was case refarred to medical examiner? 26. Place of Death (Check only one) Hospitai: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 28e. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident INJURY 3 ☐ Sulcida 6 Could not be 28e. Placa of Injury - At home, farm, street, lectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by Bher 4 Homicide b To the Hospital of within 24 hours of To the Funeral Completely filled Hospital 1 ☐ Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 ☐ Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and title of cartifier 29c. License number 29d. Data signed (Month, Day, Year) MO AU417643558573 96 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 1 Univ. of DAVID SHAZ ind , 22 GREENE ST BALTIMONE 31. Date filed (Month, Day, Year) 1996 32. Registrar Signature State Registrar

DHMH 16 Rev 6/95

SERVICE CONTRACTS

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	an.	ransit permit. Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	on ATTENDING PRYSHOLAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. And this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be considered for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	ed at once.
IORE, MAF	e 6 may be retained	rector, page 5 shoul	must be notifie
W BALTIN	urs after death. Pag	in by the funeral dir removal.	ilem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
8760	uted within no	DIFECTOR: A me this certificate has been signed by the attending physician and completely filled in by the 1 pure are detail the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ic event, the m
.O. BOX 6	certificate be exec	ding physician and tygiene prior to bu	r other traumat
CORDS, P	res that the death	igned by the atten	rs any injury, or
VITAL RE	AN: The law requir	ficate has been s State Dept. of H	r Item 23 show
SION OF	ENDING PHYSICIJ	R: After this cert in death with the	is marked, o
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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH	CE	RITER	CALL	L DEW	1 [REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Sylvia Goldberg 4. SOCIAL SECURITY NUMBER 5. SEX					- 1	2. DATE OF DEATH MONTH DA		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX	7					08-01	- 199	76	2:10 PM M	
	3/8-03-3764 1 M 2 WF	7.8	VRS.	IF UNDER 1 YEAR		MIN.	7. DATE OF BIRTH Jan. 4, 19	18	Was	hingtonDC	
	99. FACILITY NAME (If not institution, give street end number)			9b. CITY, TOW			тн		NTY OF DE		
<u>ō</u>	Medlantic Manor at La	ynill		Silve	r Sp	ring		Mor	ntgo	mery	
FUNERAL DIRECTOR	Maryland Montgomery			TOWN OR LO		ng				10d. INSIDE CITY LIMITS? 1 YES 2 2 NO	
AL	10s. STREET AND NUMBER				101. ZIP COD			10g. CITI		HAT COUNTRY?	
ER	2601 Bel Pre Road				209	06		US	SA		
B∀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT. FORCES? 1 IF YES, GIVE WAI	YES 2 HO		If yes,		ın, Mexicen,	C ORIGIN? (Specify Yes Puerto Rican, atc.)	or No—	14. RACE Black, Specifi Whi		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DEC	EDENT'S U	SUAL OCCUP	TION most of worki	na	16b. KIND OF BUS	INESS/IND			
COMPLETED	Elementery/Secondary (0-12) Coffege (1-4 or 5+)		nema	rk done during retired.) ker	17.031 01 40 41		own h	n home			
BE CON	17. FATHER'S NAME (First, Middle, Last) Benjamin Goldberg						Finkels		ı		
TO B	190. INFORMANT'S NAME (Type/Print) Harold Bobys						ashingto			016	
	20e. METHOD OF DISPOSITION 1 M Burtel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Large Place and Date of Disposition) 20c. LOCATION - City or Town, State of Donetion 5 Other (Specify) 20c. LOCATION - City or Town, State of Donetion 5 Other (Specify)										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY -											
	manh & Busi	_		Ho	mes.	Fall:	s Church				
	23. PART i. Enter the disesses, or complications that a shock, or haert failure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death)	on each lina.				ing, auch	as cerdisc or reepl	ratory arr	rest,	Approximate Interval Between Onset and Death	
						,	_			1777770	
O	Sequentially list conditions,	JEMSIN	e (ardio	Vascu	lap	Disease	YRS			
SATI	cause. Enter UNDERLYING									4RS	
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OR AS A CONSEQU	JENCE OF):							1100	
	PART II. Other significent conditions contributing to d	eath but not re	sulting in	the underly	ing ceuse	given in P	art I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS	
EDICAL	i						1 YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ	DID TODA CCO HET CONTROLLE					7				1 TES 2 NO	
AN	DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL	TO CAUSI	OF I								
SICI	EXAMINER? 1 YES 2 NO 1 Input lent 2 8	FR/Outpatient 3 [THER:	PLACE OF D						
PHYSICIAN:	27. MANNER OF DEATH 280. DATE OF IN	JURY	28b. TIME	OF 26c.	NJURY AT		Other (Specify) 26d. DESCRIBE HOW II	JURY OC	CURED		
BY	1 X Natural 5 Pending 2 Accident Investigation			M 1	WORK? YES 2	NO					
ED	3 Suicide 6 Could not be 4 Homicide determined	INJURY — At hom c. (Specify)	e, ferm, atr	eet, factory, o	fice		28f. LOCATION (Street e City or Town, State)	nd Number	or Rural Ru	oute Number,	
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of m									and manner on stated	
S I	29b. SIGNATURE AND TITLE OF CERTIFIER					ENSE NUMB				(Month, Day, Year)	
TO BE	At Benack mo)				055				- 1996	
F	AN NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, P	rint)							
	RAYMOND TO BENDER M. 31. DATE FILED (Month, Day 100) Such Strateges Mary 1. 11 G 0 9 1996	UR 470	1 Ra	ndolp	oh Ke	I, Ro	ock ville.	me	1 20	852	
	1.06 0 8 1990 0										
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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 23639

			Decedent's Name (First, Middle,	l set)		Cert	ificate o	f Death	2. Deta of D	Reg. No.		3. Time of Death			
	Physic	ian	L. Dooddell & Mallio (1773), Wildele,	Lasty		7 ,			Month	Day	Yeer				
	/Medi		4e. Fecility Neme (If not Institution,	ship atroat and aumba		EX.	SHEN	ZON Town	Aug.	th 4c. County	996	2:00 Am			
	Examii	ner	and the second s	Committee of the second	•			111111111111111111111111111111111111111							
			Washington Adve		OLCAL Aga (In yrs. last bi	rthday)	If Under 1 Ya	Takoma er If Under 24 H			gomer				
l.	Funeral Director		213–41–1192 Usuel Residence of Decedent	120 M 2□ F		Yrs.	Months Day			ey, Year) 2, 1919	Ukra Ukra	eleca (Steta or Foreign htry) nine			
	pue *		10a. Stete 10b. County		10c. City, Tow	n or Loca	ation				1	0d. Inside City Limits			
	Many	lor	Marviland Monto	0700	C + 1	C	nd no					1₺ Yes 2□No			
	28e	Director	Maryland Monte 10e. Street end Number	omery	Silve	ar of	10f. Zip Cod	9		10g. Citizen of V	What Cour	itry?			
	3ª o		1135 University	Blvd. We	est Ant	101	0 209	02		Ukrai					
	death	Funeral	11. Maritel Status	12. Wes Decedar	t Evar In U.S.	_	1	of Hispenic Origin? uban, Maxican, Pu	(Specify Yas or N		ce - Amarican Indien,				
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Baltimore,	permit. Pag Department Important: I any Injury o		21. Signature of Funerel Service Lic	1 Deburial 2 Cremetion 3 Remove if from Stete Cematary, cremetory or other place) 8/04/1996 Adelphi, Mary:											
ш	205 # 9		Sonald C.	Signature of Funerel Service Licensee 22. Name end Address of Fecility STEIN HEBREW MEMORIAL FUNERAL HOME, INC. 232 CARROLL STREET, NW WASHINGTON, DC 200											
	THE PARTY		23a. Part1. Enter the diseese, or co shock, or heart feilure. List or	emplications that causely one cause on each	ed the ath. Do	not enter	tha mode of	dying, such as cerd	liac or respiretory	errest,	.,	Approximete Interval Between			
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2	Attanding or death. Sector: Attai	Ical	2 ☐ Accident investigat 3 ☐ Suicida 6 ☐ Could no	be One Piece of I	njury - At home, fa	arm etros			28f Location	(Street end Numl	her or Russ	A Route Number			
Division of	Or A Biter Direct	Certification:	4 ☐ Homicide determine	building,	etc. (Specify)	airi, Stree	at, lactory, offi	U O		wn, State)	Joi Or Hare	riodie ramber,			
	To the Hospital or Attanding F within 24 hours effer death. To the Funeral Director: Aftar completely filled in by the funer	29e. Certifiar (Check only (Ch								ceuse(s) end me , dete end piace,	enner es s	teted. the ceuse(s)			
	ithin the	one) end menner stated. 29b. Signatura and titla of certifier 29c. Licansa numbar								29d. Date signe	d (Month	Dev. Year)			
	5 1 ½ ± 8								,						
	1	30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) G. Gupta, MD 121 Congressional Lane, #409, Rockvi								mugus"	2,	1796			
	V		30. Neme end address of person wt		deeth (Item 23e)	(Type, Pr	nint) # 1 00	Rode	110 111	200	5				
			G - GW Ta, MD 2 31. Dete filed (Month, Day, Year)	1 Congress	trer's Signeture	une,	, 445)	NUCHVI	IK / TVOS	700	3 2				
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	ricgisti	CII	AUG 0 9 1996 5												

State of Maryland-/ Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** KOOCHEK GOLPIRA AUGUST 1996 6:51 AM /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner SAINT JOSEPH MEDICAL CENTER TOWSON BALTIMORE Hours Min. Se Machin, Dep 2 Year 1905 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Deys 1□ M 25 F 90 Director 215-96-0940 Usuel Residence of Decedent Tehran, 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits the Maryla r than "natural", or items 23s or 28s-f shor the Medical Examiner must be notified at 1 ☐ Yes 2X No Director Baltimore Co. Cockeysville Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21030 United States 30 Sugar Tree Place 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2Ê No ff Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Maritel Stetus 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1□ Yes 2 No Specify: þ Specify: Iranian 3 X Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Home Maker Own Home permit. Pages 1 and 2 should be filled Depurment of Health and Mental Hygi Important: If Item 27 is marked other any injury or other traumatic event. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 Mohammad Razmara Ghamar Nezami 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6301 Cameo Court Bethesda, Maryland 20852 Dr. Ataollah Golpira (Son) 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1X Burial 2 ☐ Cremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) Dulaney Valley Mem.Gard. 8/10/96 Timonium, Maryland 21. Signeture of Funeral Service Licensee 22. Neme end Address of Fecility Ruck Towson Funeral Home, Inc. 1050 York Road Towson, Maryland 21204 23e. Part. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximete Intervel Between Onset and Death Physician Immediate Cause (Final disease or condition resulting In death) /Medical RESPIRATORY FAILURE DUE TO 1 MONTH **Examiner** Due to (or es a consequence of) CONGESTIVE HEART FAILURE AND the burial-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or trijury that initiated events resulting in deeth) Lest Due to (or es e consequence of): and BRONCHIAL ASTHMA **YEARS** Box 68760. physician certificate be Physician/Medical Due to (or es e consequence of): USB BS P.0. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? HYPERTENSIVE 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown ARTERIOSCLEROTIC CARDIOVASCULAR Records, ģ 24b. Were autopsy findings available prior to completion of cause of death? Completed DISEASE 24e. Wes en autopsy parformed? page 2 this certificate 1 Yes 2 No 1 Yes 2 XNo Division of Vital Be 25. Wes case referred to medical examiner? 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Nopatient 2 ER/Outpatient 3 DOA 2 1 Yes 2 No 27. Manner of Deeth 1 Deeth To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner es steted.

2 Medical Examtner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) and menner steted. 29e. Certifier Medical (Check only 29b. Signeture and title of certifler 29c. License number 29d. Date signed (Month, Day, Year)

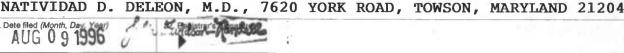
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7th, august 1996

State Registrar

31. Dete filed (Month, Day 1996)



Do de

30. Name and address of parson who completed cause of death (Item 28e) (Type, Print)

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State of Maryland / Department of Health and Mental Hygiene

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					Ce	ertificate of	Death		Reg. No.		20071
	Dhamin	·	1. Decedant's Nama (First, Middle, Last					2. Deta of Da Month		Vons	3. Time of Death
	Physic /Medi		PHYIIIS C	HUG	-HES			Aug	UST 3	1996	4:17 AN
	Exami		4a. Facility Name (If not Institution, giva				4b. City, Town, or I	ocation of Deal	h 4c. County		
1			Harbor Hospi	tal 3001	S. Hano	ver st.	Baltin	ove cit	Y		
-	Funeral		5. Social Sacurity Number 8. Se	x 7. Age (II	n yrs. last birthda) If Undar 1 Year	If Undar 24 Hrs.			9. Birthp	laca (State or Foreign
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	P.		Usuei Residance of Dacedent					OM/	0, 1937	PIPIC	LLAND
	inylar thow	_	10e. Stata 10b. County		c. City, Town or I	Location				1	Od. Insida City Limits
	a M	cto	MD ANNE AR	UNDEL	BROOKLY	N PARK					1 ☐ Yas 2 🔀 No
	or 2	Director	10e. Street and Number			10f. Zip Coda	1225		10g. Citizan of V		
	23e	180	612 HOLY CROSS RD	•		2	1225		U.S.	Α.	
	des and	Funeral	11. Meritel Stetus	12. Wes Decedent Eva Armed Forcas?	r in U,S. 13	. Was Decedant of I	Hispanic Origin? (S pan, Maxican, Puart	pecify Yas or No		e - Amaric	
2	s 1 and 2 should be filed within 72 hours effer death with the Maryland if Health end Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28a-f show other traumatic event, the Medical Examinar must be notified at	F	1 Nevar Married 2 Married	1 Yes 2 No		1□ Yas 2□XNo			Specify		
21215-0020	ural',	d by	3 ☐ Widowad 4 ☐ Divorced	Year or Detas:					Specify	WII.	LTE
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a	2 sho end is m		19a. Informant's Name/Relationship (T)	rpe, Print)	t and Number or Ru	ral Routa Numb	er, City or Town,	Stata, Zip	Coda)		
	1 and Health em 27		THOMAS J. HUGHES,		SS RD., B	ALTIMOR					
0	0 0 - 2		20a. Method of Disposition 1 X Buriai 2 ☐ Crametion 3 ☐ F		20b. Piece of Disp cematary, cr	position (Name of amatory or other ple	000)	Deta	20c. Location -	City or To	wn, Stata
altimore,	Pages ment of I		4 □ Donation 5 □ Othar (Specify)		GLEN HAV	ÆN		8-6-96	GLEN BU	RNIE	. MD
ä	pemit. Pag Department Important: I any injury once.		21. Signature of Funeral Service License	00 // /	1	22. Nama and Addra			. FINK F		
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	/Medical		Immediata Cause (Final diseasa or condition	Hyper	thyrai	e induc	00 C0	irdion	VADAT	יער	1-2 yrs
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ŏ	andir use	N/V		d							
D.	0 0 0	Physician	Part II. Other significant conditions cor	ntributing to death but no	ot resulting in tha	undariving causa gi	van in Part i.	23b. Did	tobacco usa co	ntribute to	the cause of death?
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o	Phys this ral di	. To	1 Yas 212 No 27. Manper of Death	28a. Deta of Injury	2 ER/Outpation	BIIL 3LI DOA	→ □ Nursing n		how injury occur		0)
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2	or Attendation of Director:	Certification:	4 ☐ Hornicida datarminad	28e. Piece of Injury - building, atc. (S	Specify)	treat, factory, office			wn, Steta)	er or nura	noble Number,
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	CALL STREET	edical	(Check only one)	elcian: To the best of my ner: On the basis of axa end mannar stated.	ımınatıon and/or i	nvastigation, in my o	opinion, deeth occu	rred at tha tima,	date and place,	end due to	the cause(s)
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			1 Jumer 140	roayser	, mit		191714		9 7 9	V	
	10		30. Nama and address of person who co	omplated cause of death			1 7001	S 11.	1 . 1/-1/	ch	
	100		James Horo 31. Data filed (Month, Day, Year)	2 32. Registrar's		Hospita	1 3001	S, Ha	no ver	21,	
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			1100 0 3 1330	U							

			Ple	State of			Depa		f H	lealth and M	lental Hygi	ene .	Ble.	23642
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	Examination Examination Funeral Director	ner	4e. Fecility Nema (If not institution 2119 CHANTILLA 5. Sociei Security Number 216~20-1075			(In yrs. lest i	birthdey). Yrs.	If Undar 1 Y Months De	. (CATONSVIL If Under 24 Hrs. Hours Min.		Year)	9. Birth	LTIMORE place (State or Foreign ntry) LTO., MD
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	Seath with the result of 2 must be n	Funeral Director	10e. Street and Number 2119 CHANTILLA 11. Maritai Status	ROAD	edant E	var in U.S.	13. V	10f. Zip Coo	2	21228		intry?		
0020	be filed within 72 hours after death with the Merylan stal Hygiene. Id other than "natural", or frems 23a or 28a-f show event, the Medical Examiner must be nutfied at	by	1 ☐ Never Merried 2 ☐ MANa 3 ☐ Widowed 4 ☐ Divorce	Armed Forried 1 Yes If Yes, Gi Yaar or D	orces? 2⊠No ve			Yas, specify (☐ Yes 2反		spenic Origin? (Spin, Mexican, Puerto Specify:	Rican, atc.)		ck, White	
21215-0020	e filed within 72 t al Hygiene. I other than "nati vent, the Manica	Completed	15. Decede (Specify only high Eiamentery/Secondery (0-12) 10TH GRADE	+)	16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa retired) HOMEMAKER HOM							esiness/industry EMAKING		
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Baltimore, Mai	permit. Peges 1 and 2 should be Department of Heelth and Menta Important: If item 27 is marked any injury or other traumatic events.		WILLIAM H. HAR 20a. Method of Disposition 203Buriai 2 Cremetion	1XXBuriai 2 ☐ Cremetion 3 ☐ Removel from Stete cematary, cremetory or other plece)										
Baltir	pemit. P Departme Importan any injur		21. Signature of Funerel, Sarvice		Ka	MEADO	22 H1	Name end Ad UBBARD	ddres FU		ME, INC.		MD	21229
	Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Description Physician /Medical Description Physician /Medical Description Due to (or as a consequence of):							dyln	g, such as cardiac o	or raspiretory arres	st,		Approximate interval Between Onset and Death	
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O d dies that some supplies the solution of th							autopsy	24b. V	Vers eutopsy findings					

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this certificate hes been rel director, page 2 sho Medical Certification: To

evaluable prior to completion of cause of death? 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner?

1 \(\text{Yes} \) Yes 26. Place of Deeth (Check only onle) Hospitei: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Othar (Specify) 27. Manner of Death 1 2 Neturei 28b. Tima of injury 28d. Dascribe how injury occurred 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 5 Pending invastigation 1 Yes 2 No 2 Accident 6 ☐ Could not be 3 Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, streat, fectory, office building, etc. (Specify) 4 - Homicide 29e. Certifiar (Check only one)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and mennar as stated.

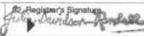
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29b. Signatura and title of certifier 29c. Licansa number

29d. Data signed (Month, Day, Year)

30. Name and address of person who completed cause eath (itam 23a) (Type, Print)

- 5411 OLD FREDERICK RD-SUIT #14-BALTIMORE, MD DR. DORIAN S. ST.MARTIN 31. Dete filed (Month, Day, Year) AUG 0 9 1996

State Registrar



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- CATONSVILLE, MD

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 687604

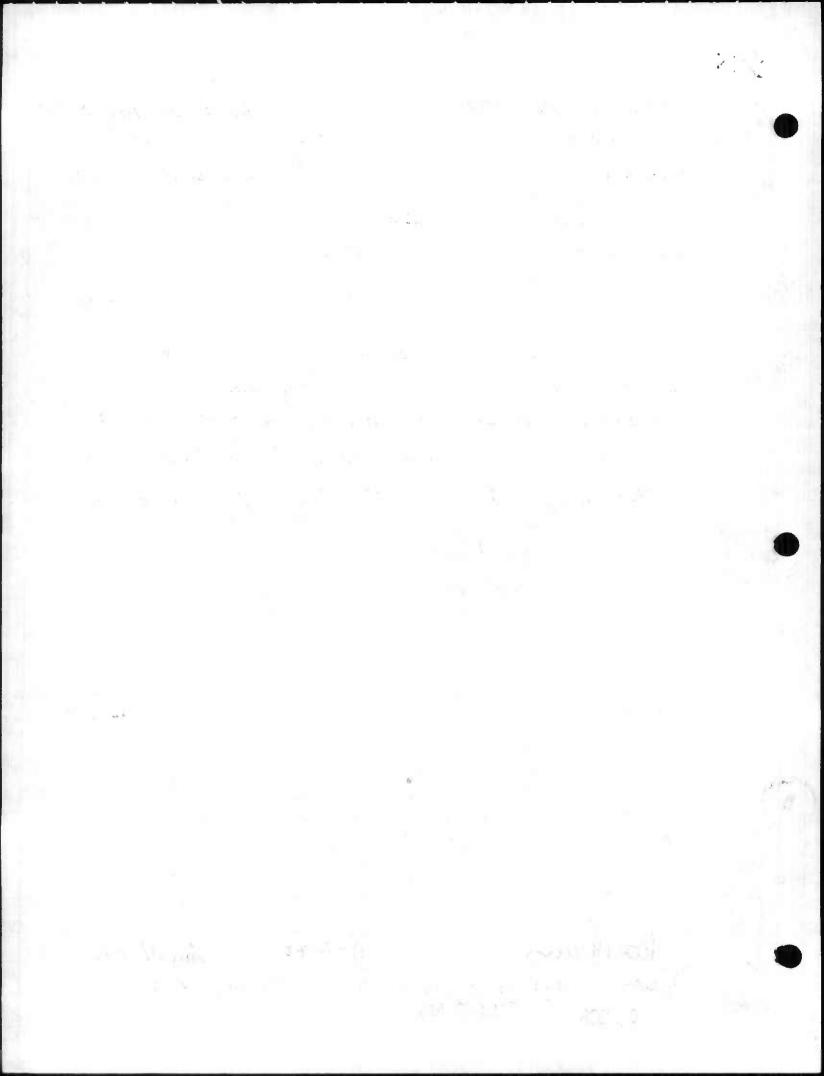
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last			2. DATE OF DEATH MONTH 8 DAY 8 9 1 10 55							
	4. SOCIAL SECURITY NUMBER	The Contract of the Contract o	TMENY. GE (In yrs. last birthday) 79 YRS.	IF UNDER 1 YEAR		7. DATE OF BIR (Month, Day Aug. 2	TH 3046	8. BIRTH	PLACE (Stote or Foreign		
	217=03=6280 9e. FACILITY NAME (If not institution, give		79 YRS.	AL OUT TO	100100100	_					
DIRECTOR	Carrell Luthers	9b. CITY, TOWN OR LOCATION OF DEATH Westminster			9c. COUNTY OF DEATH Carroll						
E	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSI										
급	Maryland Cari		Westmi	nster			LIMITS?				
AL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN OF WNAT COUNTRY?			
EB	210 St. Matthe		21157			U.S.A.					
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 ANO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifit yes, specify Cuban, Mexican, Puerto Rican, atc 1 YES 2 NO Specify:						
ED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF								F BUSINESS/INDUSTRY		
	(Specify only highest gra- Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	(Give kind of w file. Do NOT us	ork done during in retired.)	done during most of working						
AP.	8	, , , ,	Worker			Armco Steel					
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle,	Maiden Surname)		-		
ш	Eugene Hunder	mark			Maude	Elizabe	th Duce				
TO B	19a. INFORMANT'S NAME (Type/Print)				DRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
-	Lois Catherine I		210 St	. Matt	new Ct. W	estmins	ter, Md	. 211	57		
	20s. METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of competer), crematory or after place) Mt. Zion Cem. August 10, 1996 Upperce, Md.										
	21. SIGNATURE OF FUNERAL SERVICE I	22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Chapel 3296 Charmil Dr. Manchester, Md. 21102									
CERTIFICATION	DÚE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that leating assential cause). Due to (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTI	that initiated eventa resulting in death) LAST	d									
- 10	PART II. Other significant condition	h but not resulting in		ng cause given in	PERFORMED?			WERE AUTOPSY FINDIN			
EDICAL	- GL2	1) (sates	e e	e			-	COMPLETION OF CAUSE OF DEATH?			
Σ				_		1 YES 2 410					
AN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)					
Sic	EXAMINER? 1 YES 2 70 1 Inpetient 2 ER/Outpatient 3 DOA 4 Thursing Home 5 Residence 8 Other (Specify)										
BY PHYSICIAN:	27. MANNEB OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED										
TED	2 Accident Investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — Al home, farm, street, factory, office city or rown, State)										
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.										
BE	296. SIGNATURE AND TITLE OF CENTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month) Only, Year)										
2	30. NAME INO ADDRESS OF PERSON V	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	1. m. stare	Hat.	1,00	Asi	lassita		
	1/01/1001	och cini	10). 210	100h	4979104	11/1	week c	7	(RISTIMI		

and the second section . The state of the

State of Maryland / Department of Health and Mental Hygiene 96 23644

•					Cer	tificate of	Death		Reg. No.		20044		
Physician	1	1. Decedent's Name (First, Middle L/LL/AV)	HOFFM	91/				2. Date of D Month	eath Day	Year	3. Time of Death		
/Medical Examiner	-	4a. Facility Name (If not institution Lorien Nursing	, giva street and number				4b. City, Town, or Columbia		th 4c. Cou	1996 nty of Daath Oward	S PM		
Funeral Director		5. Social Security Numbar 066-07-5616 Usual Residence of Decedent	6. Sex 1□ M 2XF	Age (In yrs. las 81	t birthday) Yrs.	If Under 1 Year Months Days		THE RESIDENCE AND RES	2, 1915	9. Birth	placa (State or Foraig ntry) NY		
MO N	İ	10a. State 10b. County		10c. City, 7	Town or Loc	cation					10d. Inside City Limits		
tal Hygiere. d other than "natural", or items 23s or 28s-f show event, tra Medical Evant et must te inclified at Be Completed by Funeral Director	5	MD Howai	rd.		Colum	bia					1 ☐ Yes 2 💢 No		
3a or 28 at be no		10e. Street and Number 6336 Cedar Lane				10f. Zip Code 21044				10g. Citizen of What Country? USA			
tial hygiene. d other than "natural", or items 23s or 28s-f show event, the Mexical Exercited must be notified at Be Completed by Funeral Director	2	11. Marital Status 1 ☐ Never Marrled 2 ☐ Marr 3 🌣 Widowed 4 ☐ Divorced	Armed Forces ed 1 ☐ Yes 2] If Yes, Give	12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give ☐ Year or Dates:		13. Was Decedent of Hispanic Origin? (Specify Yes of If Yes, specify Cuban, Mexicen, Puerto Rican, atc. 1 ☐ Yes 2 ☒ No Specify:			0- 14. F B	cen Indian, etc.			
ygiene. Ner than "netura it, me Meoice Completed	2	15. Decedan	's Education	lucetion 16a		a. Decedent's Usual Occupation			16b. Kind of Businass/Industry				
nan 'n	1	Elemantary/Secondary (0-12)	T	Collage (1-4or 5+)		(Giva kind of work done during most of working lifa. DO NOT use retired)							
CO To The		12	None		Home	maker			Own Home				
s marked other than aumatic event, tra M To Be Comp	5	17. Fathar's Name (First, Middle, G. Camille Hir						er's Name <i>(First, Middla, Maidan Suma</i> me ga Menuson		ame)			
9 6		19a. Informant's Name/Relations Barbara Lundgre					and Number or R Bird Lane						
Important: If Item 27 any injury or other tr once.		20a. Method of Disposition 1 ☐ Burial 2 ☒ Cremation 4 ☐ Donation 5 ☐ Other (Sp.		cem	etery, crem	ition (Name of atory or other pla e Cremat		1996	20c. Locatio				
Important: If ite any injury or of once.		21. Signature of Funeral Service Licansee 22. Name and Address of Facility Witzke Funeral Homes, Inc. 5555 Twin Knolls Rd. Columbia, MD								⁄D 21	045		
	1	23a. Part1. Enter tha disaase, or shock, or heart failure. List	complications that cause	ed tha death. I						D 21	Approximata Interval Between		
sician edical miner		Immediate Causa (Final diseasa or condition rasulting in death) a. META STOPL CAUCH Due to (or as a consequence of): Stop CWA											
e as the burial-transit Medical Examiner		Sequantially list conditions, if any, leading to Immadiate causa. Enter Underlying Cause (Diseasa or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of):											
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this of the CT:	-	1 ☐ Yes 2 ☐ Colo	Hospital:						tesidence 6 Other (Specify)				
al Director. After and in by the funeral Certification;	on the second	1 Sultatural 5 Pending 2 Accident Investig 3 Sulcide 6 Could n	ation ot be	(Month, Day Year)		o. Tima of injury M 28c. Injury at Work? M 1 □ Yes 2 □ No		28d. Describe how injury occurred					
at Direct led in by Certifi	28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Route City or Town, State)									I Houfe Number,			
Completely lited Medical Ce	29a. Certifier (Check only one) 29a. Medical Examiner: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and mannar as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha tima, date and place, and due to the ceuse(s) and mannar as stated.								tated. the ceuse(s)				
To the	-	29b. Signatura and title of certifier			29c. License number				29d. Date signed (Month, Day, Year)				
		Howkum				1)-74968			An 07 1596				
E	3	0	the complated ceuse of	death (Item 23	a) (Typa, P	Porler.	CH CH	cubio n	ws >	1000			
State	3	31. Data filed (Month, Day, Year)	A. 32. Regist	rarie Signature		7) - 4	/	0	1044			
Registrar		AUG 0 9 1996	(V :01 Sor	Mountage	2								



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death ITEM#1 g738 8/9/96ag perFH 1. Decedant's Neme (First, Middle, Last) JOSEPH JOSHUA JAMES 2. Dete of Death 3. Time of Deeth Month **Physician** AMRC 7 /Medical icility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Edtes GRORE If Under 24 Hrs. If Undar 1 Yaar 6. Sax yrs. last birthday) 8. Deta of Birth (Month, Day, 9. Birthplace (State or Foreign Months Deys Hours Min. Year) 10M 20 F non Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Medical Examiner mist be notified at 1 Yes 2 No Director 1 (cery/sun the d 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5220 OLK UAD Funeral 0 death 12. Was Decedant Evar in U,S. Armed Forces? 14. Race - Amarican Indian, 11. Marital Status Wes Decedent of Hispanic Origin? (Specify Yas or No-Il Yas, specify Cuban, Mexican, Puerto Rican, etc.) Biack, White, atc. 1 ☐ Yas 2 ☐ No Il Yas, Giva Yeer or Detes: 1 Never-Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No þ 3 □ Widowed 4 □ Divorced Specify: Dlack Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiena. Important: if them 27 is marked other than "in any injury or other trainment. BUSINESS Elementary/Secondery (0-12) College (1-4or 5+) JUATE HOLTEN grade 17 Father's Name (First, Middle, Last) Be EllER Smit 4MES 19a, Informant's Name/Relationship (Type, Print) State, Zip Code) JAJ worth 4558 ENI NES of Disposition Place of Disposition (N 20c. Location - City of Town, State Date 1 Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) 23. Signature of Funeral Service Liberisee

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To the Funeral Director: After this cartifict completely filled in by the funeral director, I 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Inpatient P 1 ☐ Yes 2 ER/Outpatient 3 DOA 27 Menner of Deeth 28d. Describe how injury occurred 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? Certification: 5 Pending investigation Neture 1 Yes 2 🗆 No 2 Accident 3 Suicide 6 Could not be determined Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, Ierm, street, lactory, office building, etc. (Specify) 4 Homicide 29e. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and dua to tha ceuse(s) end manner es steted. Medical 2 Medical Examiner: On the basis of axaminetion end/or investigation, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) end menner stated. 29b. Signatura and title of certified 29c. Licanse number 29d. Date signed (Month, Day, Year)

State Registrar

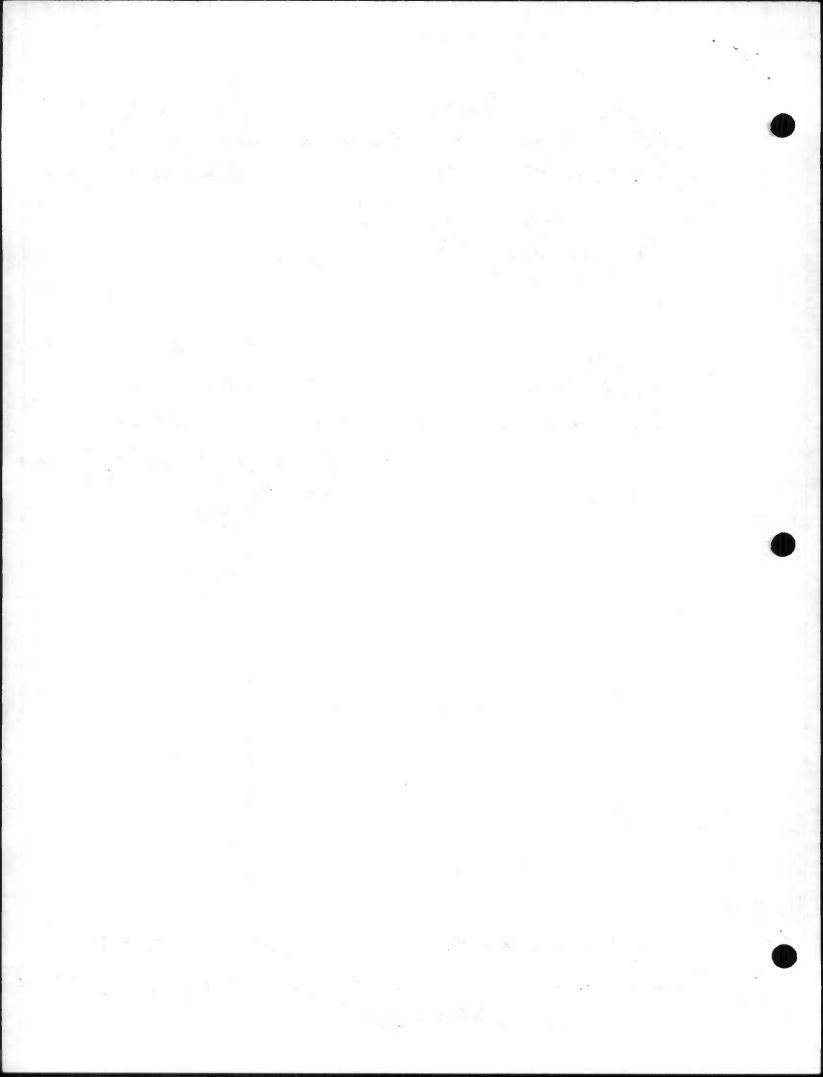
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30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print)

ROM MD 5505 HORKINS BAYVIEW CIRCLE BILTIMORE, MD 21224

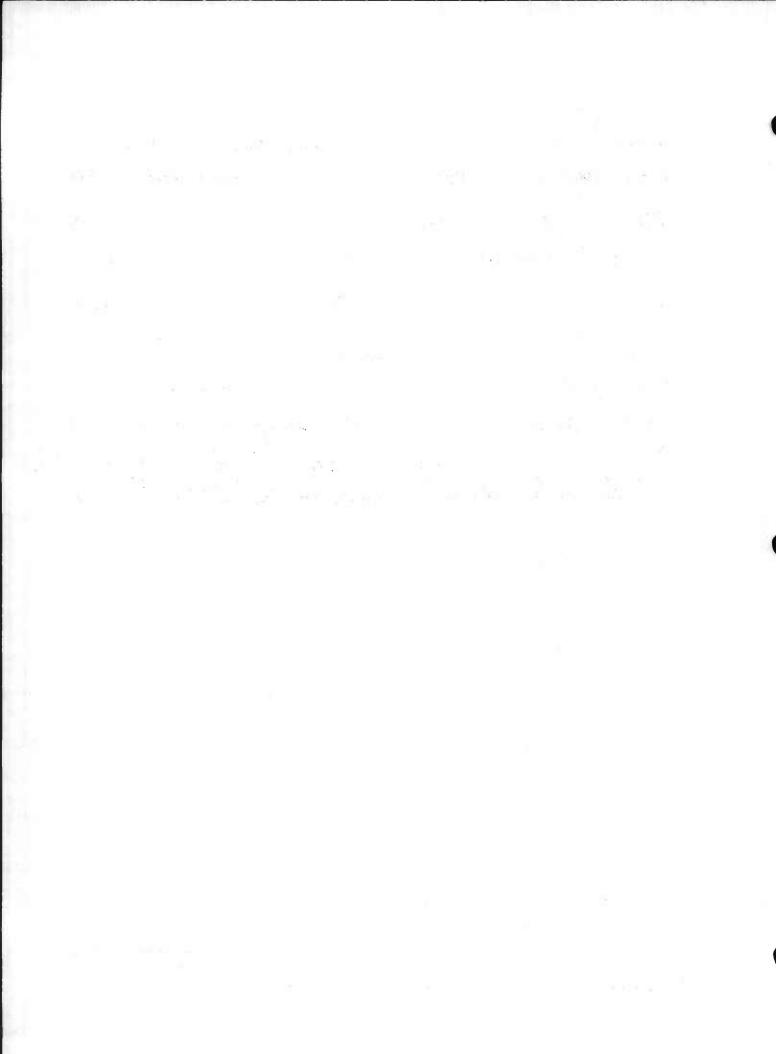
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State of Maryland / Department of Health and Mental Hygiene

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				Cer	tificate of	Death		Reg. No.		
Discontinu		1. Decedent'a Name (First, Middle, Las	st)				2. Date of D	eath	V	3. Time at Listeth
Physic /Medi		ANNA JONES					AUGUS"	Dey 06	Yeer 1996	7:10 70
Examin		4e. Fecility Name (If not institution, give CHURCH /+6	e street and number)			4b. City, Town, or I		th 4c. County	of Deeth	
Funeral Director		5. Sociel Security Number 8. S 220 -01 - 6044 Usuel Residance of Decedent	ex 7. Age (in yrs.	last birthday) Yrs.	If Under 1 Yee Months Days	r If Under 24 Hrs.	8. Dete of Bi Month, D	rth ay, Year) 4,1911	9. Birthple Count	lece (State or Foreign
rland w		10a. State 10b. County	10c. City	y, Town or Lo	cation				10	0d. Inalde City Limits
sth with the Marylar 23s or 28s-f show	Director	MD. N/A	7 BA	4 UTI M	10/E	-		100 China -11	Man Cause	1 No 2 No
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21215-0020 d within 72 hours after deeth with the Maryland plene. plene. The Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U, Armed Forces? 1 Yes 2 No If Yes, Give Year or Detes:	1	Vas Decedent of f Yes, specify Cu	Hispenic Origin? (S ban, Mexican, Puert Specify:	pecify Yes or N o Rican, etc.)	o- 14. Rac Bled Specify	ce - America ck, White, e	
72 hours	Completed	15. Decedent's Ed (Specify only highest gra	ucation de completed)	16e. Deced (Give	ient's Usual Occi kind of work don	upetion e during most of wor ed)	king	16b. Kind of Bi	usiness/înd	lustry
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faryla 2 should end Men is marks	-	19e. Informent'a Neme/Ralationship (7	Type, Print)	19b. Meilin	g Address (Stree	et and Number or Ru			State, Zip	Code) 2/8//
and 2 palith oalith or tra		WILLIAM JOX	ES	1164	+7 BEA	UCHAMI	RD-U	WIT3 B	REPLIA	UMD.
Baltimore, M permit. Pages 1 and 2 Department of Heathe important: if then 27 is any injury or other tragence.		20e. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donation 5 Other (Specify	Removel from Stete	leca of Disposementery, crem	sition (Name of natory or other pi		Dete A-UG-/0 1996	20c. Location -	City or Tov	wn, Stete
Ball permit. Departiment import		21. Signature of Fundal Service Licen	J Stords	h. 5	KARDA	F.H. 28	29 HU	DSON S	アンシュ	
Physician		23a. Pert1. Enter the disease, or comp shock, or heart fellure. List only	plicetions thet caused the deeth one cause on each line.	n. Do not ente	er the mode of dy	ring, such as cardlad	or respirato	arrest,		Approximete Intervel Batween Onset and Deeth
/Medical		Immediate Ceuse (Finel disease or condition	Myo	cardia	e Inte	arction				acute
Examiner	L	resulting in death)			uence off					
be is	line		b. AThero	sclerol	tic Co	redioVascu	elar D	lisease	.	
VISION OT VITAL HECONDS, P.O. BOX 68/60, Attending Physician: The law requires that the death certificate be executed st death. ector: After this certificate hes been signed by the ettending physician and by the funeral director, page 2 should be detached for use as the buriel-transit	/Medical Examiner	Sequentially list conditions, if any, leeding to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	C	r as a conseq					1	
Bo death c	Physician/	Pert II. Other significant conditions co	ontributing to don't but not requ	ultime In the un	Idodulna asusa a	ivon la Dest I	22h Did	I tabassa usa sa		the cause of death?
by the	hys	11		alterig in the di	idenying cadae g	iven in Pert I.		Yes 2 No		
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Vital Indian: The certificate rector, pag	Be	25. Wes case referred to medical examiner?				28. Place of Dee	th (Check only	one)		
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그 호흡급 드	Certification:	2 Accident investigetion 3 Suicide 6 Could not be 4 Homicida datermined		ome, farm, stre		Yes 2 No	28f. Location City or To	(Street and Numb wn, State)	er or Rural	Route Number,
To the Hospital within 24 hours To the Funeral completely filled	edical C	29e. Certifier 1 Certifying Phy (Check only one) 2 Medical Exam	reician: To the best of my know iner: On the basis of examinet end manner steted.	wiedga, death lion end/or inv	occurred et the lastigation, in my	ilme, data end plece opinion, daeth occu	, end due to the rred et tha time	cause(s) end me , data and place,	anner es ate	eted. the cause(s)
ro the routhing the complete c	Me	29b. Signature and title of certifier			29c. Licer	nse number	1	29d. Date signe	d (Month, L	Day, Year)
. , , ,		1 Book	en mo		0	-26594		august	-06 1	1996
10		30. Name and address of person who of R. BOKHARI M.D.		23e) (Type, I	Print) /	BALTIMOR	E MO	2123	./	
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Registr	ar	1119 0 9 1996	Utaken - Nuna							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 h Certificate of Death Item20b,Film738,8/9/96,1t 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Dey 1996 Robert Thomas Kerwin August 6, 4a. Facility Nema (If not institution, give straat and number) 4b. City, Town, or Location of Death 4c. County of Deeth 8710 Gerst Avenue N/A Baltimore 5. Social Sacurity Number If Under 1 Yaar if Under 24 Hrs.
Months Deys Hours Min. 7. Aga (In yrs. last birthdey) Birthpiece (State or Foreign Country) 1 □ M 2 □ F Months 404-20-5721 69 Yes 1926 Kentucky Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d, inside City Limits 1 ☐ Yas 2 ☑ No Maruland Baltimore N/A 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 8710 Gerst Avenue 21128 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puerto Rican, atc.) 11. Meritel Status 14. Race - Amarican Indian, Black, Whita, atc 1 Never Married 2 Married 1 DYas 2 No If Yes, Giva Yaar or Detas: WW II 1 Yes 2 No White 3 ☐ Widowed 4 ☐ Divorced 15. Decedant'a Education (Specify only highest grada complated) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Buainass/Industry Elamantary/Secondary (0-12) 8th grade Collega (1-4or 5+) Railroad Conductor Railroad Company 17. Father's Nama (First, Middle, Last) 16. Mothar'a Nama (First, Middla, Meldan Sumama) Howard Wesley Kerwin Gracie Gladys Oliver 19a. Informent'a Name/Raletionship (Type, Print) 19b. Mailing Addraes (Street and Number or Rural Routs Number, City or Town, Stats, Zip Cods) Thelma A. Kerwin (Wife) 8710 Gerst Avenue, Perry Hall, Maryland 21128 20b. Piaca of Disposition (Nama of cemetary, cramatory or other placa) 20a, Method of Disposition 20c. Location - City or Town, State 8/8/96 1 ☐ Burial 2 XCrametion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Green Mount Crematory 8796 Baltimore, Maryland 21. Signatura of Funeral Service Licenses 22. Nome and Address of Facility Schimunek Funeral Home 9705 Belair Road, Baltimore, Maryland 21236 cations that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, Immediete Causa (Final disease or condition rasulting in death) Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Diseese or injury that initiated evants rasulting in death) Last Due to (or as a consequence of) Dua to (or es e consequance of) 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown des ression 24b. Ware autopsy findings aveilable prior to completion of cause of deeth? 24a. Was an eutopsy performed? 1 Yas 2 No 1 ☐ Yas 2 ☐ No 26. Placa of Death (Check only ona) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidenca 6 Othar (Specify)

Physician /Medical **Examiner**

Physician/Medical Examiner

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Completed

Be

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Certification:

Medical

permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 is m any injury or other treum once.

Physician

/Medical

Examiner

Directo

Funeral

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Completed

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Funeral

Director

filed within 72 hours after death with the Maryland Hygiene.

2 should be fill and Mental H

7 is marked other than "naturel", or hema 23a or 28a-f show treumatic event, the Medical Examiner must be notified at

attending physician and for use as the burial-transit The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760, signed by has certificate #Fis Athor

Attending

å, b

Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I.

25. Wes casa rafarred to medical examiner?

Nas 2 No

27. Mennar of Death

1 Natural 5 Panding invastigetion 2 Accidant 6 Could not be datarmined 3 Suicide 4 | Homicida

28a. Data of Injury (Month, Day Year) August 6, 1996 Placa of injury - At home, farm, straat, factory, office building, atc. (Specify)

28b. Time of injury 6 1143

Home

28c. injury at Work? 1 Yas 2 No

28d. Dascribe how injury occurred Self-inflicted

281. Location (Streat and Number or Rural Routa Number, City or Town, State) \$710 GERST AVE., BALTO M)

29a. Certifiar (Check only one) 29b. Signatura end titia of certifier

29c. Licansa number J. Crossan O Donovan, M.D. 007632

1 Certifying Physician: To the best of my knowledge, deeth occurred at the tima, data and place, and dua to tha cause(s) and mannar as stated. 21236 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the tima, data and place, and due to the causa(s) and menner steted. 29d. Data algned (Month, Day, Year)

21222

State

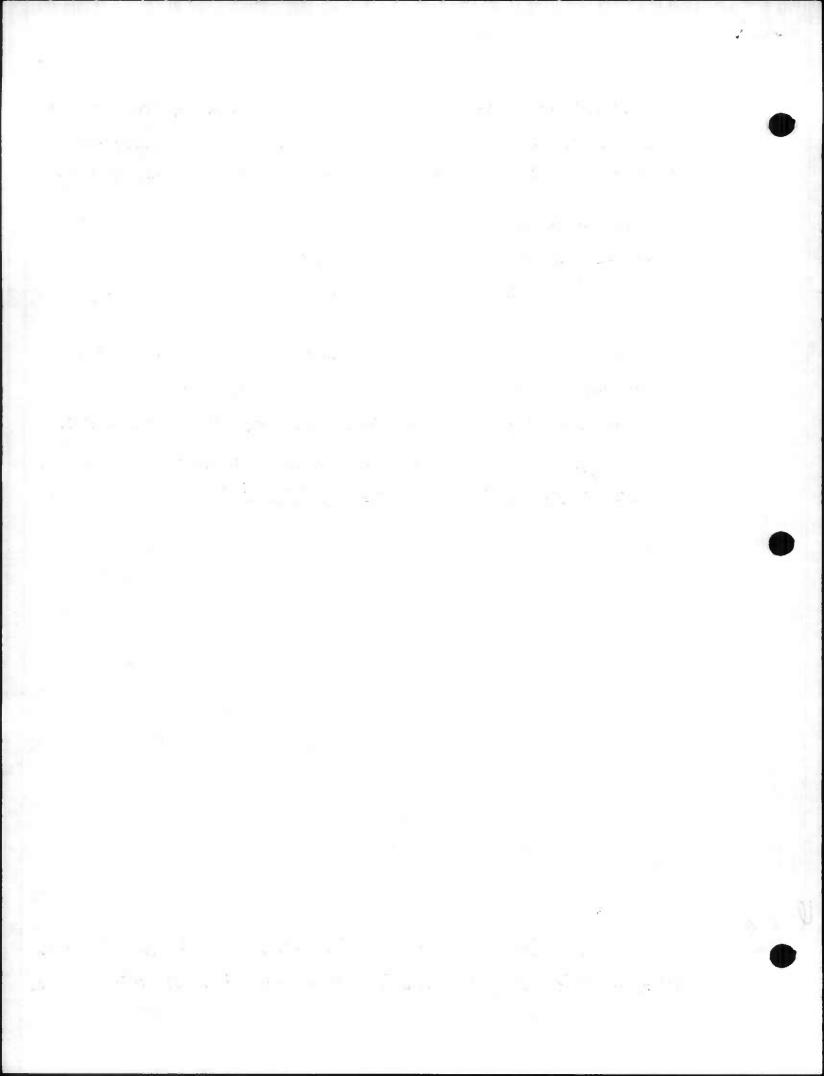
31. Date filed (Month, Day, Year) AUG 0 9 1996

30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print)

J.CROSSAN O DONOVAN, M.D., 2112 DUNDALK AVE., BALTO 32. Ragistrar's Signatura

DHMH 16 Ray 6/95

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 4a, PER HOSPITAL FILM G-738 State of Maryland / Department of Health and Mental Hygiene 96 8/13/96 t.t Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Physician ONNE Hugusi ORA /Medical Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deat (aar If Under 24 Hrs. 6. Date of Birth Hours Min. Month, Day, NORTH ARUNDEL HOSPITAL HNUNDEL 5. Social Sacurity Number If Under 1 Y 6. Sex 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Days 19-40-0162 1□ M 20/F 3 Yrs. Director Usual Residance of Decedent with the Meryland 10a. State 10b. County 10c. City, Town or Location 28s-f show 10d. inside City Limits ir than "natural", or items 23a or 28a-f short the Medical Examines must be notified at Marylno 1 PYes 2 □ No Director MURE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? SA GA 0 death v Funeral 12. Was Decedant/Evar in U.S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexican, Puarto Rican, etc.) 11. Marital Status 14. Race - American indian. permit. Pages 1 and 2 should be filed within 72 hours after a Department of Haelth and Mental Hygene. Important: If item 27 is marked other than "natural" or any injury or other traumatic evens. Black, White, etc. 1 Nevar Married 2 Married ☐ Yas 2 No 1 Yes 2 M Specify: à 3 ☐ Widowed 4 ☐ Divorced Kack Yaar or Datas Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elamentary/Secondary (0-12) YOME College (1-4or 5+) USEWITE IEARS 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middla, Maidan Surname) To Be MMALINE AIN LOND 19a, informant's Name/Rejlationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Nymber, City or Town, State, Zip Code) 2/22 BOLTIMISE THEE 20b. Place of Disposition (Name of cematery, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State -12 4 ☐ Donation 5 ☐ Othar (Specify) 22. Name and Addrass of Facility CHATMAN VACLAC Hono 21. Signature of Funeral Service Licenses HARRES BAHNUSE MANYAND AND I anter the mode of dyind, such as cardide or respiratory arrest, erai Parris 23a. Part 1. Enter the diseasa, or complications that caused tha death. Do not anter shook, or heart fallere. List only one cause on each lina. Approximata interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) Respiratory /Medicai **Examiner** months Physician/Medical Examiner Corcinoma of the Lumb The lew requires that the deeth certificate be executed physician and s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, Due to (or as a consequance of): 88 for usa signed by the a d be datached f Part ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Yee 2 No 3 Probably 4 Unknown Rain Syldrome hrunic ğ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? s certificate has b director, page 2 s 2 0 Kg 1 ☐ Yes 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 25. Was case raferred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home Statement 6 Other (Specify) ို 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this funeral 28a. Date of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of Injury 28c. Injury at Work? 26d. Dascribe how injury occurred 5 Pending investigation s efter death. I Director: Aft 2 Accident 1 Tyes 2 No 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 26a. Place of Injury - At homa, farm, straet, factory, office building, etc. (Specify) filled in by 4 Homicide a Funeral C Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Certifier Medical To the Hosp within 24 ho To the Fune completely fi 29b. Signatura and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year)

State Registrar

AUG 0 9 1

31. Date filad (Month, Day, Year)

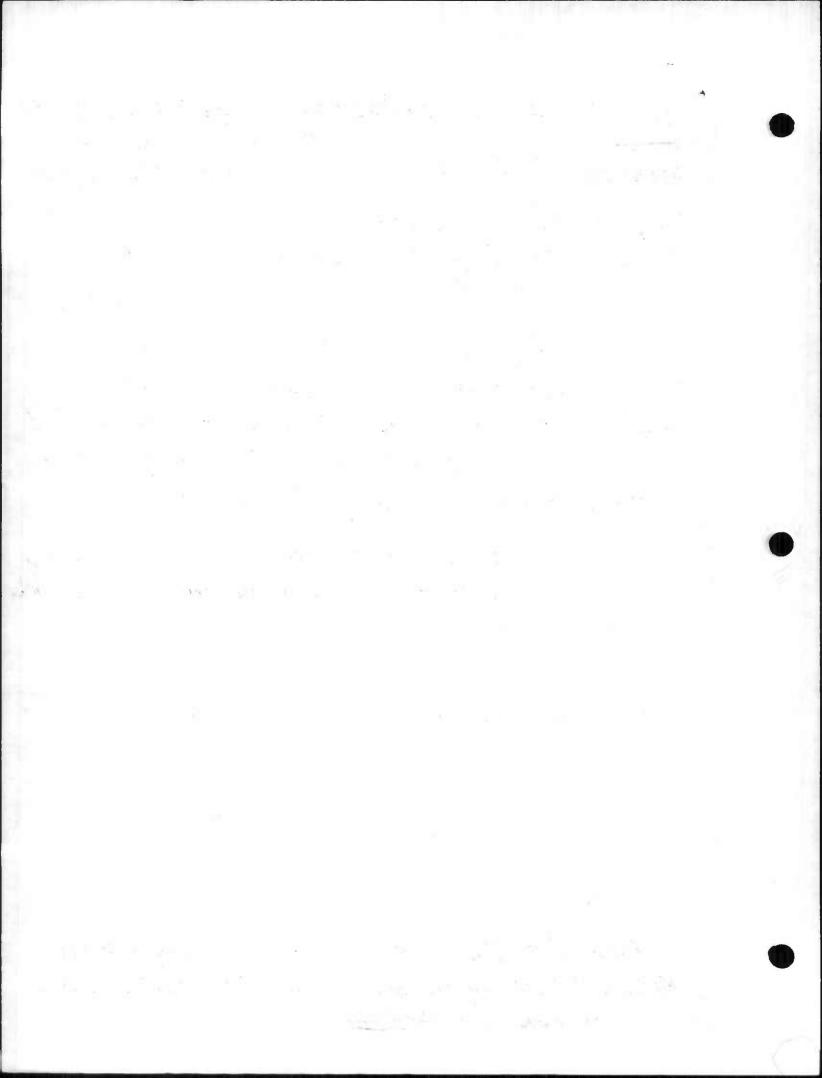
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

eld mAD, MD. 301 St Paul PL #407, BALTIMORE, Md.

32. Registrar's Signature

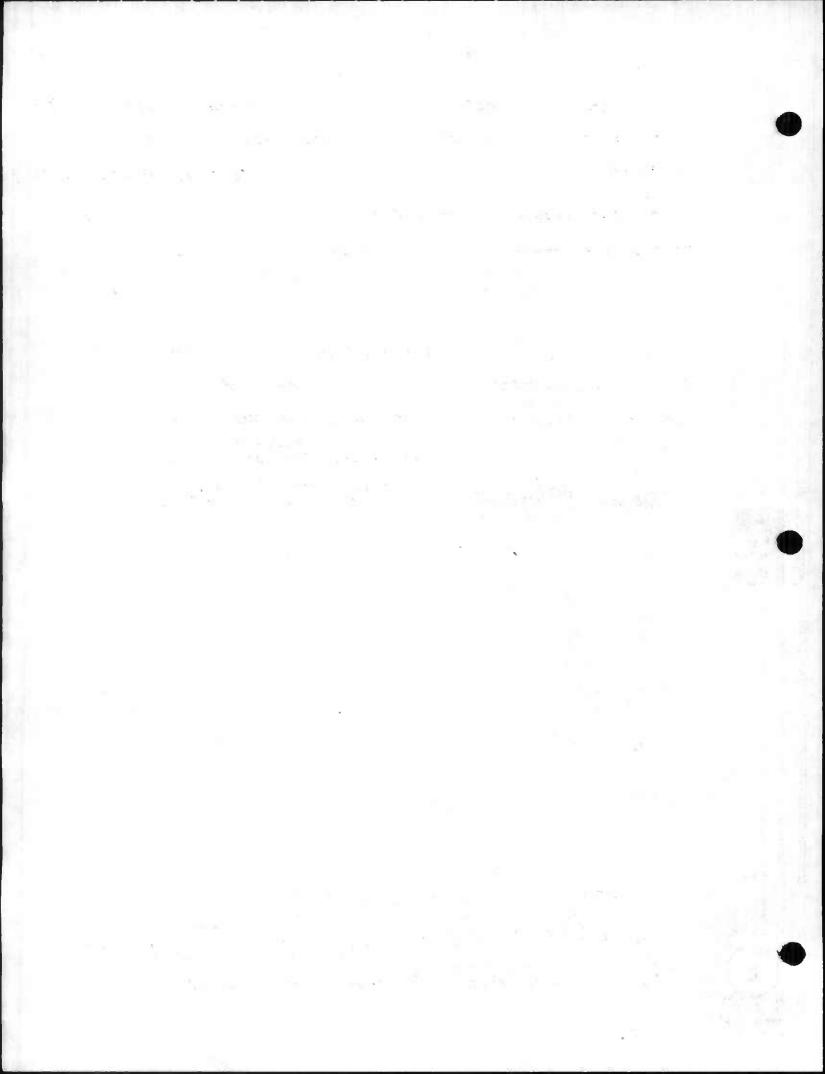
1996 Fishe Davidson-Randons

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	-		Decedent's Neme (First, Middle, La			Certificate				Reg. No.		3. Time of Deeth
	Physic /Medi		Leon Jacob	Katcei	E				Augus	Day	996	1:49A
	Exami		4e. Fecility Neme (If not institution, giv					4b. City, Town, or L			ty of Deeth	
L			Anne Arundel					Annapol			aru	
	Funerai Director		220 10 00 12	Sex 7. Age	(In yrs. lest	birthdey) If Under 1 Months Yrs.	1 Year Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, De	th y, Year) 0 1909	9. Birthp Court Balt	lece (State or Foreign itry) imore Cit
	tand		Usual Residence of Decedent 10e. Stete 10b. County		10c. City, To	own or Location				-	1	0d. Inside City Limits
	Mary	tor	Md Anne Ar	undel	Ann	apolis						ty∏Yes 2□No
	ith with the 23a or 28a	ral Director	10e. Street end Number 1200 Poplar St	reet		10f. Zip (Code 40	1		10g. Citizen o	Whet Cour	itry?
020	7.72 hours after death with the Maryland "natural", or items 23a or 28a-f show adical Examinar must be notified at	by Funeral	11. Maritel Status 1 Never Married 2 Married 3 Statistics 4 Divorced	12. Wes Decedent Ev Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:		13. Was Decede if Yes, specification 1 Yes 2		dispento Ortgin? (Spen, Mexicen, Puento Specity:	pecify Yes or No Rican, etc.)		ace - Americ ack, White, ify: Whi	etc.
Maryland 21215-0020	within ane. than	Completed	15. Decadent's Ec (Specify only highest gra Elementary/Secondery (0-12)	ducation ide completed) College (1-4or 5+))	6a. Decedent's Usual (Give kind of work life. DO NOT use Administ	done retire	during most of world)	king	16b. Kind of		
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/lar	0 0 0 0	To B	William Matthe	w Katcef				Ann	Zavad	la		
	nd 2 sh elth and 27 ls m r traum		19a. informent's Neme/Reletionship (Stephen J. Scho	***		9b. Meiling Address (23 5th A						Code)
Baltimore,	permit. Pages 1 a Department of Hac Important: If Item any injury or othe once.		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specific		20b. Plece ceme Kne	of Disposition (Nemotery, cremetory or off seth Isr	e of her ple	08/0° 1 Cemete		20c. Location		
Balti	permit. Pages Department of I Important: If Ite any injury or of once.		21. Signeture of Funerel Service Licen			22. Name end Hardes	Addre	ss of Fecility Funera:	l Home	, P.A.		
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y:	Physician /Medical Examiner	Je.	Immediate Ceuse (Final disease or condition resulting In deeth)	· ead	com	e consequence of):						Intervel Between Onset end Deeth
	and and Il-transit	Examiner	Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying	b. Acre	ue to (or es	e consequence of):			-			
68760,	tificate be axecuted og physician and as the bunal-transit	ledical E	ceuse. Enter Underlying Cause (Dleease or injury thet intieted events resulting in deeth) Lest	c	ie to (or as	e consequenca of):						
Вох	th cert endin	an/N		d					-			
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E									101	es ZONO	10	Yes 2 No
<u>≅</u>	certifi	o Be	25. Wes case referred to medical examiner?	Hospital:	-		Oth	26. Plece of Deet				
ō	al this	-	1 Yes 2 No.	1 ☐ Inpatient 28e. Dete of Injury		Outpetient 3 DOA	1	4 □ Nursing Ho	ome 5 Resid)
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	To the Hospital or Attending R within 24 hours effer deeth. To the Funeral Director: Affar completely filled in by the funer	edical	29e. Certifler (Check only one)	valcian: To the best of niner: On the besis of ex	caminetion e	ge, deeth occurred et end/or investigetion, in	the tin	ne, dete end plece, pinlon, deeth occur	end due to the o	ceuse(s) end m dete end plece	enner as sto , and due to	eted. the cause(s)
	To the		29b. Signeture and title of certifier	ent 11	11	29c. l	Licens	e number		29d. Dete sign	ed (Month, L	Day, Year)
1	755		y and		110	P	08	194		6 a	ug.	96
1	4)		30. Name and address of person who d	completed cause of deel	th (Item 23a	(Type, Print)	115	mo	2140)/	0	
	Star Registra	ie	31. Dete filed (Month, Dey, Year)	32. Redistrer's	Signature	~ Andell						



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State of Maryland / Department of Health and M

II Copies Are Legible. Mental Hygiene	23650
Reg. No.	
2 Date of Death	C. Time of Death

					(Certificate of	f Death		Reg. No.		
			1. Decedent's Nema (First, Middle, Las	t)				2. Dete of De	eth		3. Time of Death
	Physic /Medi		Thomas Ellwoo	d Lav	in S	Sr.		August	6 1	Year 996	12:30 pm
	Exami		4e. Facility Neme (If not institution, give	street and number)			4b. City, Town, or				12.00 pm
			Stella Maris	Hospice			N/A		Balt	imore	
	Funeral		5. Social Security Number 6. Se	7. Age	(In yrs. last birth	day) If Under 1 Yes	or If Under 24 Hrs		h	9. Birthple	ece (State or Foreign
	Director		215-03-9489 13	∑ M 2□F	83 Y	s. Months Dey	s Hours Min.	Dec. 22		Mary	
	ehow d at	-	10a. Stete 10b. County	1	10c. City, Town	or Location				10	od. Inside City Limits
	r 28a-f	Director	Maryland Baltimo	re	Pł	noenix 10f. Zip Code			10g. Citizen of	What Count	1 ☐ Yes 2 No
	Sa S		16 Glen Alpine R	oad		211	31		II	S.A.	
	deeti	Jer	11. Meritel Status	12. Wes Decedent Ev	er in U,S.	13. Wes Decedent of If Yes, specify Cu		pecify Yes or No		e - America	ın Indien,
020	72 hours effer deeth with the Maryland natural, or items 23s or 28s-f show dical Examinal must be notified at	by Funeral	1 ☐ Never Merried 2 ☐ Merried 3 🖾 Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 💆 No If Yes, Give Yeer or Detes:		If Yes, specify Cu		o Rican, etc.)		ck, White, e v: Whi	
Maryland 21215-0020	in 72 hours eff "natural", or evical Exam	Completed	15. Decedent's Ed (Specify only highest grad	ucation de completed)	(Decedent's Usuel Occ Give kind of work don ife. DO NOT use reti	e during most of wo	rking	16b. Kind of B	usinass/ind	ustry
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6	1 end 2 Health em 27 l		Patricia Ostermann 20e. Method of Disposition	(Daughter	20b. Piece of D	isposition (Name of	1	Dete	20c. Location		
Baltimore,	ages intof		1X Burlel 2 Cremetion 3			crematory or other p					
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Ba	permit. Pages 1 end 2 Department of Health Important: if item 27 I any injury or other tre) // /	11.		Schimun	ek Funera lair Road		ore. Ma	rvlan	d 21236
	-		23s. Part 1 Enter the disease, or companion or heart feilure. List only	lications thet caused th	e deeth. Do no						Approximete
T	Physician		and the field of t	ine cause on eech line.						1	Intervel Between Onset end Death
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	and trans	Examiner	Sequentially list conditions,	D	ue to (or es a co					()
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Records,	v requires been sign should be	Completed b							an autopsy med?	24b. Wei	re autopsy findings ilabie prior to
9	2 S S	ple								of d	pletion of cause leath?
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ouo	ding Ph h. After th funeral		27. Manner of Deeth 1 Neturel 5 □ Pending	28e. Dete of Injury (Month, Day Y	(ear) 28b. Tin		ury et ork?	28d. Describe I	now injury occur	red	
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à	al or Attendates after deat	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Pieca of Injury building, etc. (· - At home, farm (Specify)	n, street, fectory, office	9	28f. Location (S City or Tox	Street and Numb yn, State)	er or Rural	Route Number,
1	To the Hospital or Attending within 24 typurs after death. To the Funeral Director: After completely filled in by the fune	edicai (29e. Certifying Phy (Check only one) 29e. Certifying Phy (Check only one)	sician: To the best of r iner: On the besis of ex end menner stete	caminetion end/	deeth occurred at the or investigation, in my	time, dete end plece opinion, death occu	, end due to tha rred et the time,	causa(s) and ma dete end plece,	anner as sta	ited. the cause(s)
	To the within 2 To the comple	Me	29b. Signeture end title of certifier	0110 monitor 3(8(8	w.	29c. Licer	nse number		29d. Dete signe	d (Month. C	Day, Year)
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State Registrar

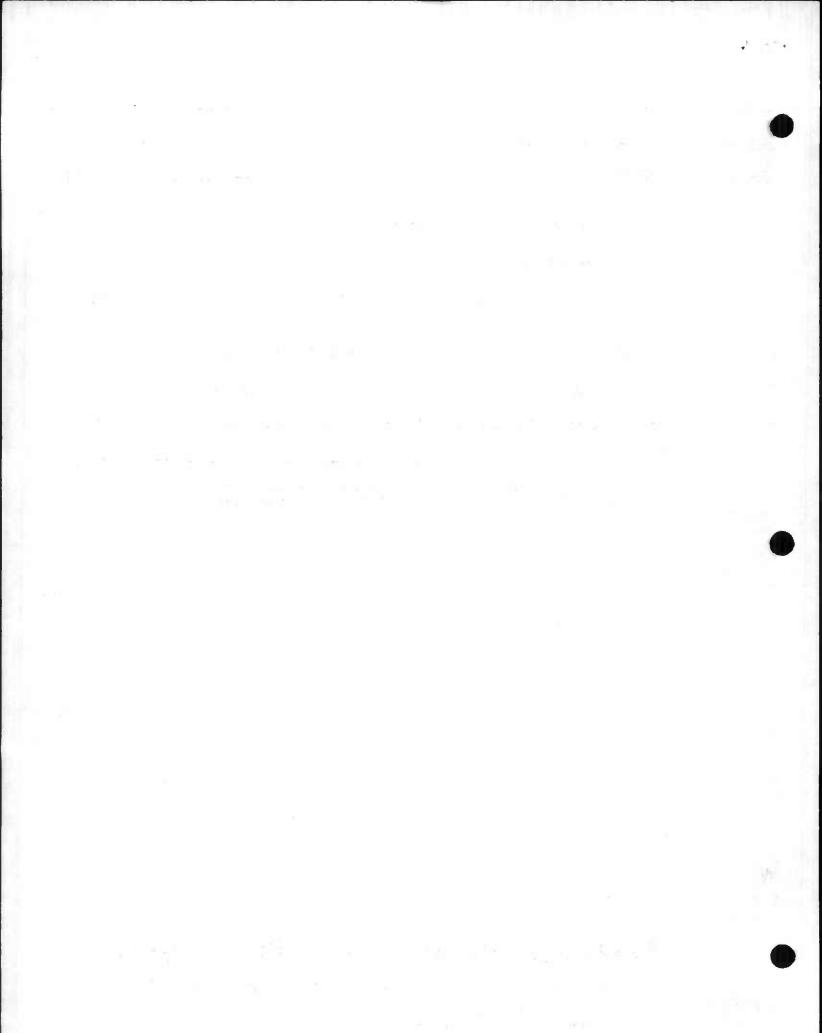
Kendall Faulkner, M.D.

31. Date filed (Month, Day, Year)

32. F D. 2300 Dulaney Valley Road, Towson, MD 21204
32. Registrer's Signeture

30. Name and address of person who complated cause of deeth (Item 23a) (Type, Print)

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene 96

23651

							Cei	rtificate o	f Death		Reg. No.		20001
	Tall line		1. Decedant's Na	me (First, Middla,	Last)					2. Data of De	eth		3. Time of Death
	Physic		FRIEDA	E. LAMBI	DEN					AUGUS:	г 7, 19	Yaar 996	1:05 A.M
0	/Medi Exami		4a. Facility Nama	(If not Institution,	giva street and n	ımber)			4b. City, Town, or	Location of Daet		y of Deeth	1105 2111
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	Funeral Director	Г	5. Social Security 217-09-8		3. Sax 1□M 2∏ F	7. Age (In yrs. 85	last birthday) Yrs.	If Under 1 Ye Months Day			th ay, Year) 1911	9. Birthp Cour BALTI	elece (State or Foreig htry)
	2		Usual Rasidance	7									
	anyler show	9	10a. Stata	10b. County			ty, Town or Lo					1	0d. Insida City Limits
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	it t	Director	10e. Street and N					10f. Zlp Code	4		10g. Citizen of	What Cour	ntry?
	23°		303 GREE	NWOOD RO)AD				21095			.A.	
0	72 hours efter death with the Manyland netural; or items 23s or 28s-f show dical Example frust be notified at	Funeral	11. Merital Stetus 1 ☐ Nevar Ma	rriad 2□ Marrle	Armed F d 1 ☐ Yas	21 No			of Hispanic Origin? (5 uben, Maxican, Puer	Specify Yas or No to Rican, atc.)	o- 14. Ra Ble	ce - Americ ock, Whita,	
21215-0020	"natural", or	d by	3X Widowed	4 Divorced	If Yes, G Year or I	iva T Dates:		1□Yas 2)(∑)N			Speci		WHITE
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	be filed ital Hygi d other event,		17. Fethar's Name		ast)		пО	MEMAKER	18. Mothar's Na	ma (First, Middle		AKING	
Maryland	should be filed of Mental Hygi marked other matic event, I	To Be	FREDERIC	K W. DRE	YER					RIA ROES			
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V	Physician /Medical Examiner	er	shock, or ha immediata Cause disaase or conditi resuiting in death)	(Final	a. CA	RD10 Due to (c	Puc or as s conseq	MONA	lying, such es cardie	REST			Approximete Interval Between Onset and Death
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л О	tha d	Physician/	Part II. Other sign	ificant conditions	s contributing to d	eath but not ras	uiting In tha ur	nderlying causa	given in Part I.		tobacco use co Yes 2□ No		the cause of death bably 4 🗆 Unknow
Records,	requires that been signed b should be dete	Completed by									en eutopsy ormed?	av	ara sutopsy findings ailable prior to
ec C	2 S S	nple		,							/	of	mpletion of causa dasth?
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LOIS	After After fune	ation	27. Menner of Dea 1 Divatural 2 Accidant	5 Pending invastigat	tion	of injury ith, Day Year)	28b. Tima of Injury	29c. in W M 1	jury at /ork? □ Yas 2 □ No	28d. Dascribe	how injury occu	rred	
DIVISION	or Attendent after deat Director:	Certification:	3 ☐ Suicide 4 ☐ Homicide	8 Could no detarmin	ed Zoa. Placi	e of Injury - At he ing, etc. (Specif	oma, farm, stre	eat, factory, offic	98	28f. Location (City or To		ber or Rura	/ Routa Number,
	24 hours	edicai (29a. Certifiar (Check only one)	10 Pertifying 2 Medical Ex	aminer: On the b	best of my kno esis of axemina ner stated.	wiedge, death tion and/or inv	occurrad at the restigetion, in my	time, dete and place y opinion, death occ	e, and dua to tha urred at the time,	causa(s) and m data and place,	annar ss st and dua to	eted. the cause(s)
	of the	Me	29b. Signatura and	d titla of certifiar				29c. Lica	nsa number		29d. Dete aigne	ed (Month,	Dey, Year)
k) Ca	inde	149	ullie	MN	0	27/88		8171	96	

State Registrar

DR. SAVINDER K. JULKA - 2 MARKET PLACE - DUNDALK, MD

21222

30. Nama and eddress of person who complated causa of daath (itam 23a) (Type, Print)

132 13 Andrea Agent and Indian action of the contract of the

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	Plea	se Type o	Print	In Blad	ek Ind	delibl	e Ini	c. Assu	ıre A	II Coples	s A	re Le	gible.		
		State	of Man	yland /	Depa	rtmei	nt of	Health	and N	Mental Hy	/gie	ene	96	236	52
								Death				No.		_ 0 0	
1. Decedant'ş Nam Edwin	Locka	rd rd								2. Data of D A Month		Bay	19 ⁹ 6	3. Tima 5 : 00	
4a. Facility Nama (If not Institution	n, giva street and n	umber)					4b. City, To	own, or L	ocation of Dea	th	4c. Cou	unty of Dear	th	
Fairha	ven Ret	cirement	Commu	nity				Sykes	vill	.e		Carr	:oll C	ounty	
5. Social Sacurity N	lumbar	6. Sax	7. Aga (/	n yrs. last b	irthday)	If Unda	ar 1 Yaa	-	24 Hrs. Min.	8. Data of Bi	irth	oor)	9. Bir	thplace (Steta	or Foreign
215-01-3	488	1 M 2□ F	8	7	Yrs.	MOUTH	Days	riouis	WIIII.	May 14		1909	1	arvlan	
Usual Rasidance o	f Dacedant										,				
10a. Stata	10b. County		10	Oc. City, To	wn or Loc	cation								10d. Inside	City Limits
Maryland	Carrol	1 County		Sykesy	ville	<u>e</u>								1 ☐ Ya	s 2X No
10e. Street and Nu	mber					10f. Z	ip Code				10g	. Citizen	of What Co	ountry?	
7200 T	hird Av	renue					2178	84				1	USA		
11. Marital Status		12. Was De		r in U,S.	13. V	Vas Dece	edant of	Hispanic Or	igin? (Sp	ecify Yas or N Rican, atc.)	0-			rican Indian,	
1 Nevar Marr	ied 2 Man	ried 1 Yas	2 No			_				rucan, atc.)			Black, Whit	a, atc.	
3 Widowed	4 Divorced	If Yas, C Yaar or			1	☐ Yas	Z No	Specify.				Spe	ecity: W	nite	
(Spec		t's Education st grada complatac	1)	186	. Deced	kind of w	ork done	during mos	at of work	ing	16	b. Kind o	of Businass	/industry	
Elementary/Seco	ondary (0-12)	Coilega	(1-4or 5+)		me. D	O NOT	use ratin	9 <i>a)</i>			T	Rette	er Rus	siness	

15. Decedar (Specify only highs Elementary/Secondary (0-12)

James

Directo

Funeral

þ

Completed

Physician /Medical

Examiner

Funeral

Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exercise must be notified as once.

Physician /Medical

Examiner

physicien end the burial-transit

88 980

detached for

signed by t

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certificate

this

After

Director:

To the Hospital
within 24 hours a
To the Funeral D

funeral director,

completely filled in by

law requires that the death certificate be executed

ation of Vital Records, P.O. Box 68760,

Examiner

Physician/Medical

þ

Completed

Be

Certification:

Medical

Baltimore, Maryland 21215-0020

General Manager

18. Mother's Name (First, Middle, Meiden Sumame)

Bureau

17. Fathar's Nama (First, Middle, Last)

19a. Informant's Name/Ralationship (Type, Print)

Edwin

19b. Malling Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda)

Mr. Robert D. Lockard (Son)
20a. Method of Disposition NE Burial 2 Cramation 3 Ramovai from State Donation 5 Other (Specify)

1854 Neumann Way, Crofton, MD 21114

20b. Piace of Disposition (Name of cematary, cramatory or other place)

20c. Location - City or Town, State Dulaney Valley Mem Grdns 8/9/96 Timonium, MD 21093

22. Nama and Addrass of Facility

21. Signatorial Funeral Service Toppede

Martin D. Lawson

Mitchell-Wiedefeld Home

Myra

Martin Awson 6500 York Road, Baltimore, Maryland 21212

23a. Partl. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death

Immediata Causa (Finai disaasa or condition resulting in daath)

diseuse

1 Yas 2 No

Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

Lockard

Dua to (or as a consequence of):

	23b.	Dld	tobacco	uee	contribute	to	the	cause	of	death'
Į				_/						

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

4 yrs

1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Wera autopsy findings available prior to completion of causa of death?

25. Was case refarred to medical axaminar? 1 Yas 2 No

26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA

27. Manner of Death 1 Natural 2 Accident

28a. Data of Injury (Month, Day Year) 5 Panding Invastigation

28b. Time of 28c. Injury at Work? 1 Yas 2 No 28d. Dascribe how injury occurred

1 Yas 2 No

8 Could not be determined 3 Sulcida 4 Homicide

28a. Place of Injury - At homa, farm, street, fectory, office building, atc. (Specify)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Certifiar (Check only one)

1 Certifying Physician: To tha best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and titla of cert

29c. Licansa number D34849

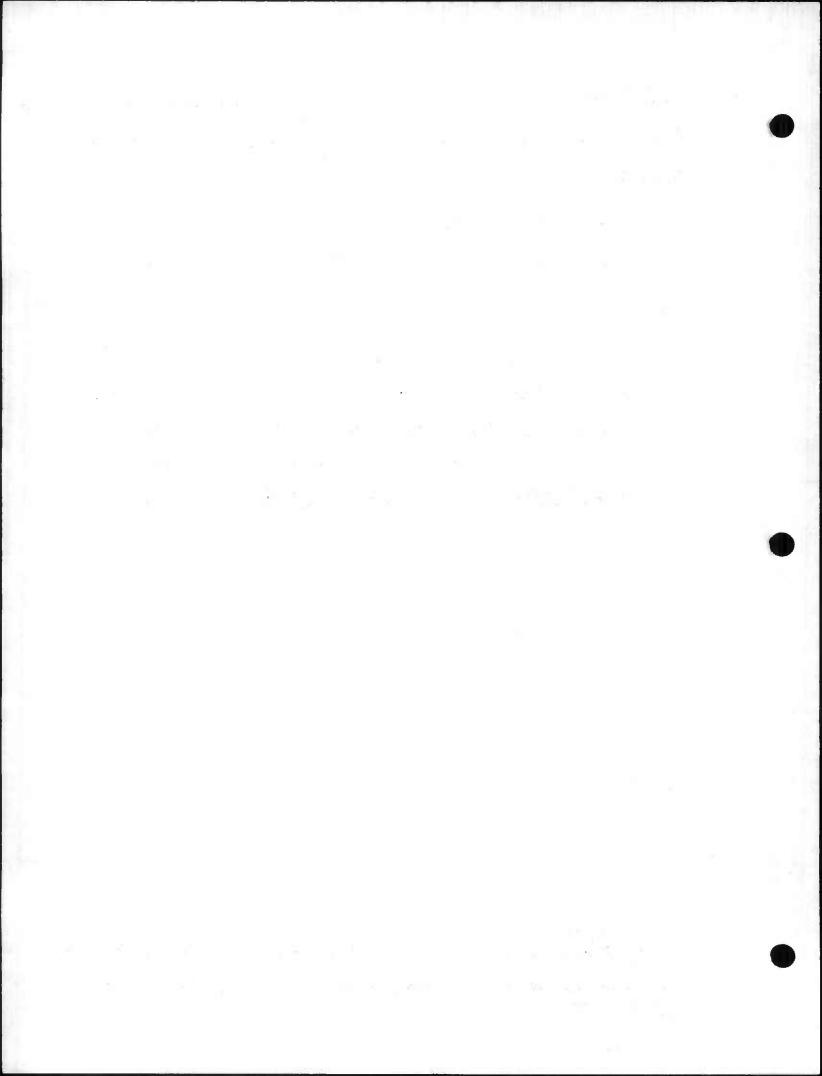
29d. Data signed (Month, Day, Year) August 6, 1996

30. Nema and addrass of person who completed cause of deeth (Item 23a) (Type, Print)

Hospital:

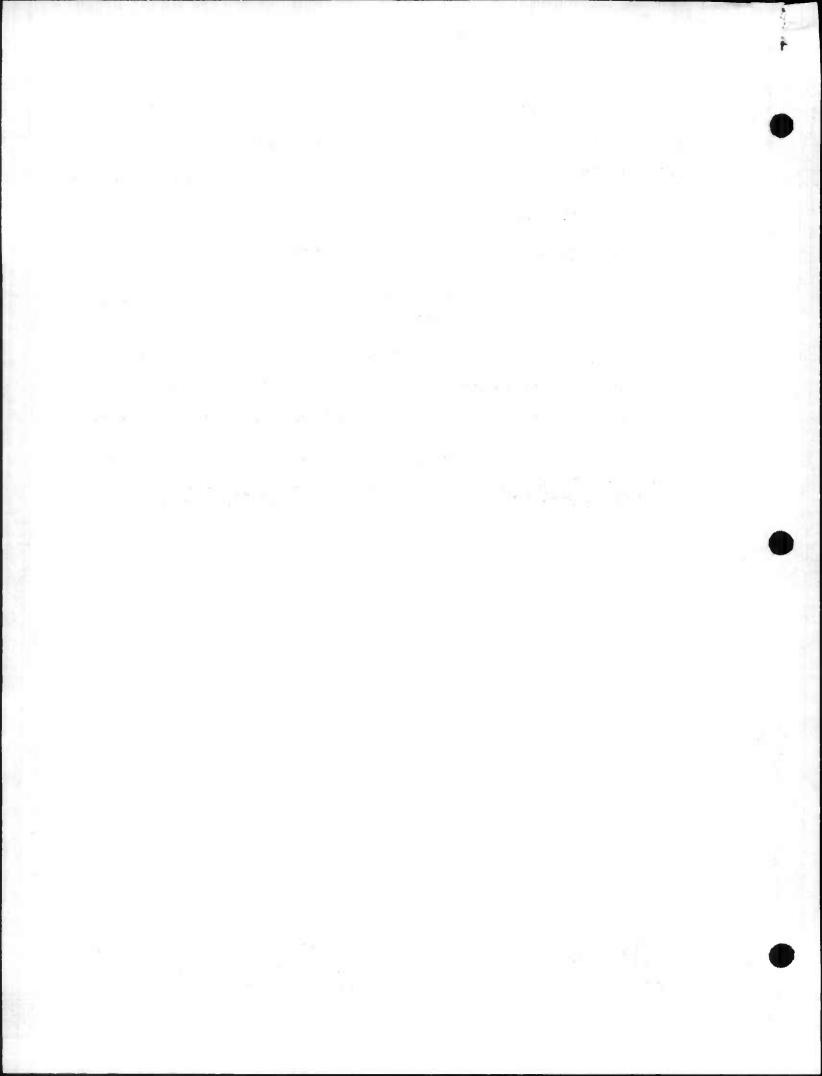
Eldersburg, Road William-Fan 1996 31. Data filed (Manth)

State Registrar



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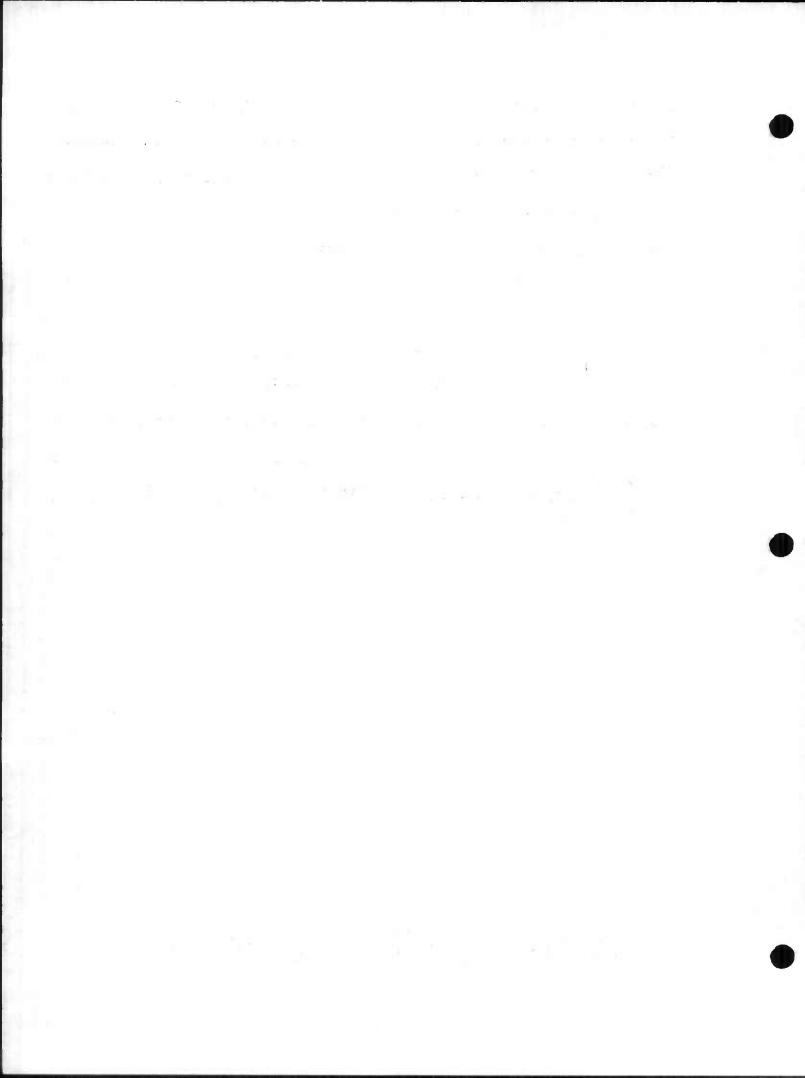
					(Certificat	e of	Death		R	eg. No.			
-Di -	,	1. Decedant's Nama (First, Middla, L	ast)				10			2. Data of Deat Month	h	Ven	3. Time of E	
Physic /Med		Harry B.	Litchisa	20						August (Day 6, 1996	Yaar	9:35	pm
Exami		4a. Facility Nama (If not Institution, g	va street and number	er)				4b. City, To		cation of Death	4c. County	of Death		
		Johns Hopkins Bay	VICH Hed	ical	Cente			Baltir	nore		N/	A		
Funeral			Sax 7.		s. last birtho		1 Yaa Days		24 Hrs. Min.	6. Data of Birth (Month, Day,	Voorl	9. Birthp	laca (Stata or	Foreign
Director		216-28-6996 Usuai Rasidance of Dacedant	1₩ 2□F	64	Yn	S. WORKIS	Days	Flours		Feb. 17			York	
ylenc M M		10a. Stata 10b. County			City, Town o							1	0d. Insida City	/ Limits
Mar	to	Md. Balti	more]]	Dunda	alk							1 Yas	2 DING
r 28	Director	10e. Streef and Number				10f. Zip	Coda			1	0g. Citizen of	What Cour	ifry?	
h wit	0 0	7401 Belclar	e Rd.				2	21222			USA			
72 hours after death with the Maryland natural; or Hems 23a or 28a-f show dical Examiner must be notified at	Funeral	11, Marital Status	12. Was Daceda Armed Force	nt Evar in	U,S.	13. Was Daced	ant of	Hispanic Orig	gin? (Spe	cify Yas or No- Rican, atc.)		e - Amaric		
after or he	Fu	1 Navar Married 2 Married	1 X Yas 2						, Puarto F	rican, atc.)		ck, Whita,	atc.	
n 72 hours aft "natural", or edical Exami	l by	3 Widowed 4 Divorced	Yaar or Data	s:	952	1 □ Yas					Specif	Whi	te	
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0 70 5	Be	17. Fathar's Nama (First, Middla, Las	*					16. Motha		(First, Middla, A		na)		
	2	Harry Fran	cis Lite	chis	on				Jea	n V. C	icero			
12 sh n and ls m		19a. Informant's Name/Raiationship Barbara Lito			19b. N	failing Addrass 401 Be	lc.	et and Numbe lare I	r or Rurai Rd.	Pouts Number Dundal	k Md.	Stata, Zip 212	Code) 22	
		20a. Mathod of Disposition			Place of D	isposition (Nar.	na of thar pi	ace)	T	Data	20c. Location	City or To	wn, Stata	
permit. Pege Depertment of Important: If I eny injury or once.		1 Burial 2 □ Cramation 3 4 □ Donation 5 □ Other (Space				ns Of			8	-9	Rosed	ale		
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Depermination of the permit of		Dodn E hu	(le)							1 Home			lk	
6		23a Part Enter the disease or cou	nnilcation at caus	ed the de	ath Do not	7110	Sector	oller	s Po	int Ro	212	22	Approximata	
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hysician Medical/	П	Immediate Causa (Final											1.1	
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serificate be executed ding physician and se es the burlel-transit	cai	Ceuse (Diseese or injury that initiated evants	C	Due to	/or on a con	sequance of):								
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the the death	hys	Part II. Other algridicant conditions	contributing to death	i but not re	isulting in ti	ia undanying c	ausa g	ivati ili Patti.		1 \(\text{Y}	· ·		pably 4□U	
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or Attending after death Director: /	Certification:	3 Suicida 6 Could not	OB Disco of	Inium - At	home farm					6f. Location (St	reet and Numi	her or Pure	I Doute Alumb	207
after Direction of A	erti	4 ☐ Homicida datarmine	building,	atc. (Spec	ify)	, straat, factory	r, omce	L.	-	City or Town		zer or mura	I HOULE NOTED	01,
To the Functional or Attending Fritzens: within 24 hours after death. To the Functal Director: After this cardific completely filled in by the funeral director,		29a. Certifiar 1 Certifying P	hyetoless To the box	et of mint	oude de - 1	looth coores 1	as sh - 1	ilma das -	d mic =:	and above to the			and a	
To the hospital or within 24 hours after To the Funeral Dir completely filled in	edical	(Check only one)	hystolan: To the basis	or axamir	nation and/o	eath occurred a or invastigation,	at tha t in my	opinion, deet	piace, a h occurre	nd dua to the ca d at tha tima, da	iuse(s) and mi ata and place,	annar as si and dua to	ated. tha causa(s)	
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1		30. Nama and addrass of person who	complated causa o	f daath (ite	am 23a) (Ty	rpa, Print)	ohn	5 HOPK	ins E	Boyview	Medico	IL Car	iter	
(Adam Kaplin,	HD			9	940	Easte	m A	vé Bal-	hmore,	Hd.	21224	
Sta	ate	31. Data filed (Month, Day, Year)	92 Regi	strar's Sign	netura									



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				ate of Maryland / E	Certificate of L			Reg. No.		
	Physici	an	1. Decedent's Name (First, Middle, Last)				2. Date of De Month August		Year	3. Time of Death
	/Medi	al	Robert Dodds Lark 4a. Facility Nama (If not institution, giva stree			h City Town and				1800
-	Examir	er	Anne Arundel Medi			b. City, Town, or L nnapoli				undel
	Funeral Director		5. Social Security Number 0.59-18-6888 6. Sax 1□ M	7. Aga (In yrs. last birt	thdey) If Undar 1 Yaar Months Days	If Undar 24 Hrs. Hours Min.	(Month, De	th by, Year) 21,1924		laca (State or Foreign try) York
	the Maryland 28a-f show	or	Usual Residence of Decedent	del Edgewa					10	0d. Inside City Limits 1 ☐ Yas 2 ☐ No
	th with the I 23a or 28a	Funeral Director	10e. Street and Number 3706 Carroll Driv	e	10f. Zip Coda 21037			10g. Citizen of W	/hat Coun	try?
020	72 hours after death with the Maryland natural', or items 23a or 28a-f show	by	1 Never Married 2 Married 1	Vas Decedent Evar in U,S. Immed Forces? In Yes 2 □ No Yas, Giva ear or Dates: [UW]	13. Was Decedent of Hi it Yes, specify Cubar 1 Yes 2X No		ecify Yes or No Rican, etc.)	14. Race Biac Specify	k, White, a	an Indian, atc.
5-0	72 ho	eted	15. Decedent's Education (Specify only highast grade con	n 16a.	Decedent's Usual Occups (Give kind of work done d life. DO NOT use retired,	ition Juring most of work	ing	16b. Kind of Bu	siness/Ind	iustry
21215-0020	within ene.	Completed		Ollege (1-4or 5+)	life. DO NOT use retired,			NASA		
	be filed htal Hygind other event, t	Be Co	17. Father's Name (First, Middle, Last)			18. Mother's Nam	e (First, Middle,		e)	
ylar	D 2 0 0	To E	KERN F.	Larkin		Adelai	de D	odds		
, Maryland	nd 2 sh lith and 27 is m		19a. intormant's Name/Relationship (Type, P Beatrice C. Lark	in 37	Mailing Address (Street of 206 Carrol)				. ,	
Baltimore,	9 = 2		20a. Mathod of Disposition 1 □ 8uriai 2 □ Cremation 3 □ Remov 4 □ Donation 5 □ Othar (Specify)	cemeter	Disposition (Name of y, cremetory or other place and Vetera:		Data 8 / 9	20c. Location -	- 100	
Balt	pemit. Pa Departmer important any injury once.		21. Signature of Funeral Service Liestipes		22. Name and Addras Hardesty 12 Ridge	Funera			MD	21401
	Carlo Maria		23a. Part1. Enter the disease, or complication shock, or haart failure. List only ona ca	ns that caused tha death. Do n	ot enter the moda of dying	g, such as cardiac	or respiratory a	rrast,	.nD	Approximata Interval Between
	Physician /Medical		immediete Cause (Finai	POCH MOT	MI F	PIVILA	0		1	Onset and Death
	Examiner	Je.	disassa or condition resulting in death) a.	Due to (or as a c	consequence of):	1110	/ 011	100	5	211101
	iceta be axecuted physician and s the buriel-transit	edical Examiner	Sequentially list conditions, b. —	Due to (or as a c	consequance of):	my	Com	CON	1	2 million
68760,	be axecu ician and buriel-tra	aj E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events						İ	
Box 687	certificeta t nding physi use as the t	900	rasulting in death) Last	Due to (or as a c	onsequance of):					
	s death cer he attendin	by Physician/N	Part ii. Other algnificant conditions contribut	ting to deeth but not resulting in	the underlying cause give	on in Part I.	23b. D(d	tobecco use con	tribute to	the cause of death?
P.0	thet the	Phy	COPD				112	Yes 2□ No	3 Prob	ebly 4 Unknown
Records,	 requires that the death certific been signed by the attending p should be detached for use as 	Completed by	line	obscer/	7			an autopsy emed?	EVS	ore autopsy tindings allable prior to appletion of cause
	S S	ошо	AVV	\bigcirc			10	Van 2000	ot o	death?
of Vital		Be C	25. Was case reterred to medical axaminer?	• /		26. Place of Deat	/1/27/			1165 20810
of V	Physiclan: this certific	2	1 Yas 2 No Hospit	100 Inpatient 2 LI ER/Out		4 LI Nursing Ho		dence 6 DOthe		')
F	Allon	tion:	27. Manner of Déath 28 1 Natural 5 Pending investigation		ima ot 28c. Injury	at :? /es 2 □ No	28d. Describe	how injury occurr	ed	
Dixis	or Attended Director: d in by the	Certification:	a Coulaide 6 Could not be	e. Piace ot Injury - At home, far building, etc. (Specify)			28t. Location (: City or Tox	Street end Numbe wn, Stete)	er or Rure	! Route Number,
-	To the Hospital within 24 hours To the Funeral completely filed	edicai C	(Check only Medical Examiner: C	: To the best of my knowledge, On the basis of examination and his manner stated.	death occurred at the tim	e, dete and piece, vinion, death occur	and due to the red at the time,	cause(s) and ma date and place, e	nner es st	ated. tha cause(s)
	To the within To the comple	Me	29b. Signatura and title of certifier	700011	29c. Nicensa	number 2/	4	29d. Date signed	mann.	Day, Year)
	12		30. Neme and address of person who complete	ted cause of death (item 23a) (Type, Print)	1026		015	1	10
	Sta	te	31. Data filed (Month, Day, Year)	32 Registrar's Signature						
	Registr		AUG 0 9 1996	Java Davidson-A	andell					

DHMH 16 Rev 6/95



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

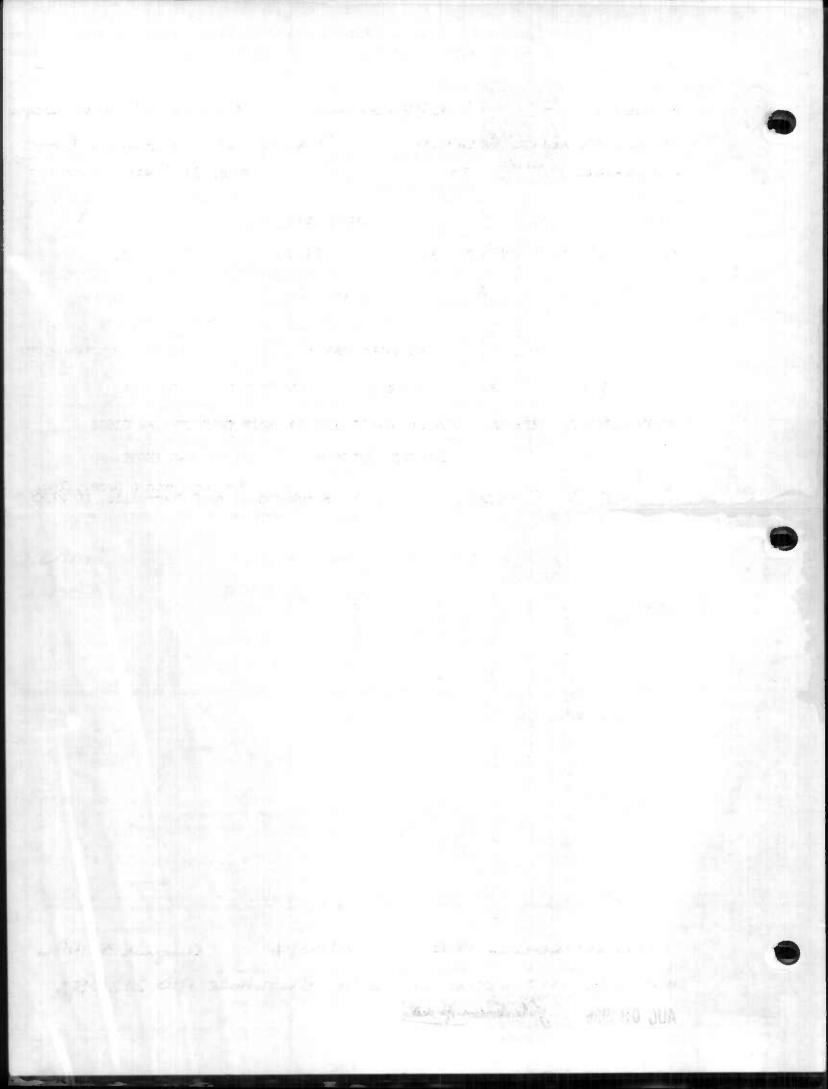
			4 DECEDENTED MANE (FILE AND ALL										-	
			1. DECEDENT'S NAME (First, Middle, La	st)						1	2. DATE OF DEATH DA	AY.	YEAR 3.	TIME OF DEATH
			IRVING LAIE	SKY						Δ.		1996	· LAN	9:27 A. M
			4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER t	YEAR	IF UNDER		7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
			579-03-1938	1 M 2 □ F	0.6	YRS.	MONTHS	DAYS F	HOURS	MINI,	(Month, Day, Year)	- 1	Country)	
3	§ [9e. FACILITY NAME (If not institution, gi	m etmet and numbed	<u> 86</u>		AL APRIL 1		4.0.0.00		uly 27, 1			ngton, DC
à	Z, 3 Should	~				- 1				ON OF DEAT	Н		TY OF DEAT	
,	7,	0	Hebrew Home Of	Greater	Washingt	on	Roc	kvil	Le			Mon	tgome	ery
		[ច្ច	RESIDENCE OF DECEDENT 10e. STATE 10b. COU	NEW .		I a a								
į	Š.	DIRECTOR					, TOWN OR						10	d. INSIDE CITY LIMITS?
3	E E			ntgomery		S	ilver	Spr	ing				1	YES 2 NO
	permit. rages	AL	10s. STREET AND NUMBER					10f. Z	IP CODE			10g. CITIZ	EN OF WHA	T COUNTRY?
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Cian		3	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. AR		13, W	S DECEN	VIDENT OF	F HISPANIC	ORIGIN? (Specify Yee			American Indian
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MARYLAND 21215-0020 retained by the hospital or attending physician.	notified	2	19a. INFORMANT'S NAME (Type/Print)		,191 O C	MAILING	ADDRESS (Street and	Number e	or Rural Rou	ite Number, City or Town	n, State, Zip	Code)	
		F	Lillie Laiefsky		lo c	lver	Spri	no nu	KO8	ad A	nte Number, City or Town pt 809 d 20910			
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ALTIMORE death. Page 6 may funeral director pa	must		1 □xBurlet 2 □ Cremation 3 □ R 4 □ Donation 5 □ Other (Specify) _	moval from State	cemetery, cre	metory or oth	ner place)		- 7	8/05/	1996			
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/ To >	E 3		23. PART I. Enter the diseases,	r complications the	at caused the de	eth. Do no								Approximate
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DHMH-18 Rev 1/89

State of Maryland / Department of Health and Mental Hygiene Q C

		1 December Name (First A)(1)	Local		(Certific	ate of	Death	10.00	Reg. No.	0 2	3656	
Physician	ı	1. Decedent's Neme (First, Middle, ANNETTE	(Last)	110	- RE	RN	14		2. Date of I Month Au6	Dey	Year 1996	3. Time of Death	
/Medical examiner	4	le. Fecility Neme (If not Institution,	give street and number	9r)				4b. City, Town, o	Location of De	eth 4c. Coun	ty of Deeth	0	
eral ctor		5. Sociel Security Number 217-16-3413		Age (In yrs	1.0	Mont	der 1 Yeer ns Days	if Under 24 Hr	s. 8. Dete of E	Birth Day, Year) 11, 19	9. Birthple Count 20 M	ece (State or Foreign IARYLAND	
ust be notified at	Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location										10	Od. Inside City Limits	
ecto		MD	N/A			7	ALTI Zip Code	MORE		10g. Citizen of	(Mhat Caust	17 Yes 2 No	
al Dir		4000 N. CHARI	LES STREE	ET #	120		Zip Code	21218			S.A.	ny r	
by Fune	•	1. Maritel Statua 1 Never Married 2 Marrie 3 N Widowed 4 Divorcad	12. Wes Deceded Armed Force d 1 Yes 25 If Yes, Give Yeer or Date:	s? No	J,S.		cedent of pecify Cul	Hispenic Origin? (ban, Mexican, Pue Specify:	Specify Yes or I no Rican, etc.)	s or No- ltc.) 14. Rece - American Indian, Bleck, White, etc. Specify: WHITE			
Completed		15. Decedent's (Specify only highest	Education grade completed)	de completed) (Give kir			work done	during most of w	orking	16b. Kind of Business/Industry			
dwo		Elementery/Secondary (0-12)	College (1-40	College (1-4or 5+)			TRAI			BALTO. JEWISH O			
To Be Co	3 1	17. Fether's Neme (First, Middle, L.	ist)					1	ame (First, Midd	Middle, Maiden Sumame)			
2		ELIAS 19a. tnformant's Neme/Reletionable	J.					FLORE		GELI			
		RABBI ELIAS J. 10a. Method of Disposition 1 Burial 2 Cremation 3 4 Donetion 5 Other (Spe	Removal from Ster	20b.	Place of D cemetery,	HATC hisposition (in crematory of NON CE	Vame of or other pla	aca)	ST FALM Date 8/7/96	OUTH, M. 20c. Location BALTIMO	- City or To	wn, Stete	
SUCE	21. Signature of Funeral Service Licentee 22. Name and Address of Facility Sol Levinson & Bi 8900 Reisterstown Road Pikesville										& Bro ville,	os., Inc. MD 21208	
s as the buriel-transit Medical Examiner	1	Sequentially list conditions, flany, leading to immediate cause. Enter Underlying Cause (Disease or injury hat initiated events esulting in death) Last	C	Due to (Or as a con	A Requence of a sequence of a	E)():	DISE	ASE			20YEARS	
Physician	Dent It. Other eigniftcant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the									the cause of death?			
by Physician/	-	METASTATIC LWG CARCIDOMA)	1 Yee 2□ No 3□ Probably 4□			
2 should	-	25 795			24a. Was an autopsy performed? 24b. Were autopsy fit available prior to completion of ce of death?			ilable prior to					
director, page	2	5. Was case referred to medical						00 Discord D		Yes 2 No	1 🗆	Yes 2□ No	
2	L	examiner? 1 Yes 2 No 7. Manyer of Death 1 Netural 5 Pending investigal	28a. Dete of In (Month, D	a. Dete of Injury (Month, Day Year) 28b. Time of Injury William Street			28. Piece of Death (Check only one) Other: 4 \(\text{Nursing Home} \) 5 \(\text{Residence} \) 6 \(\text{C} \) Injury et \(\text{Work?} \) 1 \(\text{Yes} \) 2 \(\text{No} \)						
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)		O. Name and eddress of person who who over the contract of the					St	BALT	MORE	mb	2120	05.	
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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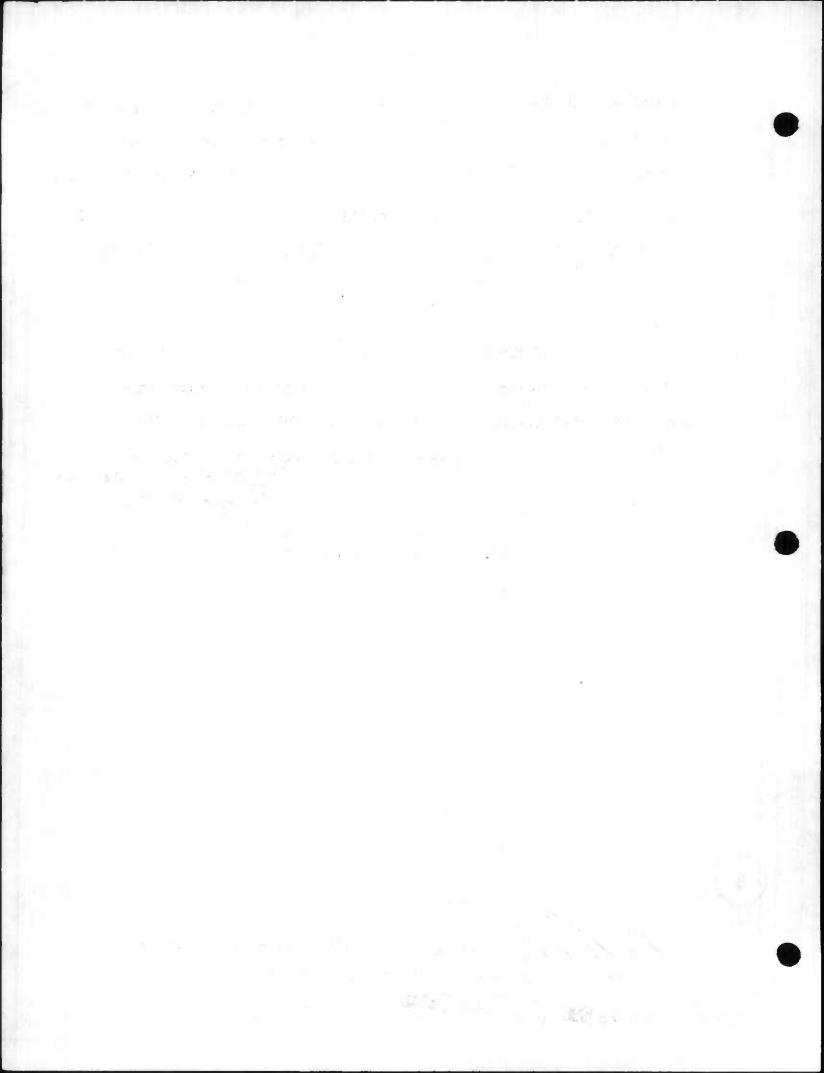
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death **Physician** Month Carol Leigh Maddox 1996 August 1:50 IM /Medical 4e. Fecility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 613 Hollen Rd. N/A Baltimore City 5. Social Security Number 7. Age (In yrs. last birthday)
50 Yrs. If Undar 1 Yaar If Undar 24 Hrs. **Funeral** 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) Deys 1□M 2XF Director 220-50-0332 August 3,1946 | New Jersey Usuel Rasidance of Decedant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at Director N/A Maryland Baltimore City 1 X Yas 2 □ No 10a. Street and Number 10f. Zip Coda 10g. Citizen of What Country? ŏ 21212 613 Hollen Rd. United States items 23a Funeral death 12. Wes Decedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 M No If Yes, Giva Yaar or Dates: Race - Amaricen Indian, Black, Whita, atc. 11 Marital Status Was Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Ricen, atc.) filed within 72 hours after 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 6 1 ☐ Yas 2 X No Specify: Specify: White by 3 Widowed 4 Divorced "natural", Completed 15. Decedant's Education (Specify only highest greda complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if Itam 27 is marked other then any Injury or other traumatic event, the Magnice. Elementary/Secondary (0-12) College (1-4or 5+) years Artist The Arts 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Sumame) Be Robert Hart Nicholson Elizabeth Carolyn Pharo 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) Robert Wayne Maddox/Husband 613 Hollen Rd. Baltimore, MD 21212 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 XBurlal 2 ☐ Cramation 3 ☐ Removal from State Gardens of Faith Cemetery 8/7 4 Donation 5 Othar (Specify) Overlea 21. Signatura of Funaral Sarvice Licenses 22. Name and Addrass of Facility Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, MD 23a. Party Enter the disease, or complications that ceused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each tine. Approximeta Intarval Batwaan Onsat and Death **Physician** /Medical Immediate Cause (Final disaase or condition rasulting in death) Examiner Examiner tic iding Physician: The law requires that the death certificate be executed bunial-transit Sequantially list conditions, if any, leading to immadiata ceuse. Entar Underlying Causa (Disaasa or Injury that initieted avants rasulting in death) Last Due to (or as a consequence of) P.O. Box 68760, physician s the buna Physician/Medical Dua to (or as e consaquance of): 88 ate has been signed by the a page 2 should be detached to Part fl. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. by 24b. Wara autopsy findings available prior to completion of ceusa of death? Completed 24a. Was an autopsy performed? 1 Yes 2 INO 1 ☐ Yas 2 ☐ No Be 25. Was pase rafarred to medicel axaprinar? 26. Place of Daath (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No Certification: To 27. Manner of Daath Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred Affer 1 Natural 5 Pending Invastigation 1 Tas 2 No 2 Accidant 6 Could not be determined 3 Sulcide 28a. Place of Injury - At home, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Streat and Number or Rurel Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred et the time, data and place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner stated. 29a. Certifian Medical 29b. Signature end titla of certility 29c. Licansa number 29d. Data signed (Month, Day, Year) -96 30. Nama and address of person who completed causa of daath (Item 23a) (Type, Print) 19 Fontana Lane Essex, MD M. Rahnama, M.D.

State Registrar 31. Data filed (Month, Day, Year)

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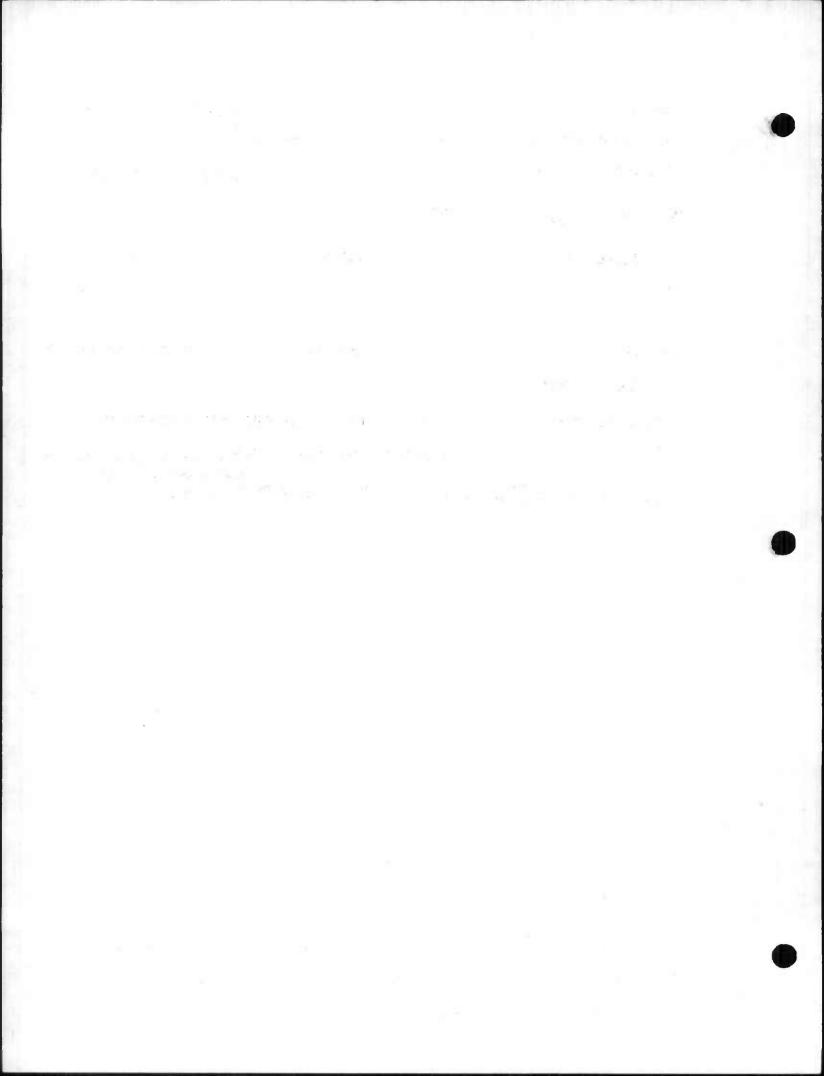


State of Maryland / Department of Health and Mental Hygiene 96 23659

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	Man Man		10a. Stata 10b. County		10c. City, Town or Location									10d. Insida City Limits			
	the Marylar 28a-f show	Director	MARYLAND n/a BALTIMORE											1 XYas 2 No			
	be filed within 72 hours aftar death with the Maryland ntal Hygiene. "natural", or items 23a or 28a-f show event, the Medical Exerciter must be notified at		10e. Street and Number	10f. Zip (code				100 Citizan	g. Citizan of What Country?							
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	ar de	Š	11. Maritai Status	Armed F		in U,S. 13	If Yas, specif	Vas Decedent of Hispanic Origin? (Specify Yas, specify Cuban, Maxican, Puarto Ric)- 14.	Raca - Amarican Indian, Biack, Whita, atc.				
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ore			20a. Mathod of Disposition			Ob. Place of Disp	osition (Name	of ar pla	ica)		Data	20c. Locat	Oc. Location - City or Town, Stata				
Ĕ	permit. Pages 1 and Department of Haalth Important: If Itam 27 any injury or other tronce.		DXBurial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spe		Stata I	DRUID RI				7	Aug 8 Baltimore County, Md						
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			Herbert E, hutter 2501 Gwynns Falls Parkway Baltimore, Maryland 21216														
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	and -tran	хап	Sequantially list conditions,		Dua to (or as a consequence of): Coronary artery disease												
50,	cian cian		Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	c													
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DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene 23660 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month Kimberly McDaniel Ausust 4b. City, Town, or Location of Death 12:15 Am 6, /Medical 4a. Facility Neme (If not institution, give street and number) 4c. County of Death **Examiner** Union Memorial Hospital Baltimore City H Under 1 Year H Under 24 Hrs. 8. Date of Birth (Month, Day, Year) SEPT - 4, 1967 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□ M 2 F 28 215-98-0495 Yrs. Director 10a State 10b County 10c. City, Town or Location if then "natural", or Items 23a or 28a-f show the Medical Examiner must be nothed at 10d. Inside City Limits MD. FREDERICK 1 Yes 2□No Director FREDERICK 10e Street and Number 10g. Citizen of What Country? oTS WOLD U.5.A COURT Funeral 21703 12. Was Decedent Ever In U,S. Armed Forces?
1 ☐ Yes 2 No If Yes, Give 14. Rece - American Indian, Black, White, etc. 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Maritai Stetus 1 ☐ Never Merried Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ If Yes, Give Year or Dates: 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed withir Deportment of Heelth and Mental Hygiene. Important: If Item 27 Is marked other than any Injury or other traumatic avant. Elementary/Secondary (0-12) Coilege (1-4or 5+) REUSETECHNICIAN 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be HARLES 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20b. Place of Disposition (Name of cemetery, crematory or other place) MONTS VILLE 120c. Location - City or Town, State 20a. Method of Disposition Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Specify) GROVE CEM LOCUST 21. Signature of Funerel Service Licenses 22. Name and Address of Facility 23e. Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart feilure. Ust only one cause on each line. Approximate Interval Between Onset and Death **Physiclan** Immediate Cause (Final disease or condition resulting in death) /Medical Septic Examiner Physician/Medical Examiner attending physician end for use es the burial-transit The law requires that the daeth cartificeta be executed Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of) Box 68760. neumonia Due to (or as a consequence of) 1 month Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 W Unknown þ 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? replace nent Respiratory 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attanding Physicien: 25. Was cese referred to medicel examiner? Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes ≥ No Certification: To 27. Manner of Death 28c. injury at Work? 28d. Describe how injury occurred Aftert Natural 5 Pending Investigation 24 hours after death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 T Homicide Certifying Phyelcian: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and menner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical To the Hosp within 24 hou To the Fune completely fi (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 2438946 - C3 August

State Registrar

HENRY BOUCHER, 31. Dete filed (Month, Day, Year) AUG 0 9 1996

M.D. 2903 MARNAT ROAD 32. Registrar's Signeture

BALTIMORE, MD 21209

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Month MORTON - DAVIS LIND.A 9.20 AUGUST 05 1996 /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** GOOD SAMARITAN HOSPITAL BALTIMORE CITY If Under 1 Yaar If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplaca (Stete or Foreign **Funeral** Months Days 1□M 2□F MARYLAND 218-48-3448 48 Yrs Director Usual Rasidence of Dacedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, me Medics! Evans we must be not tred as 10e. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yes 2 □ No MARYLAND Director N/A BALTIMORE CITY 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 21212 APT. B U.S.A. 1028 WOODSON ROAD Funeral 12. Wes Decedent Evar In U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, atc. 11 Merital Status 1 ☐ Yes 2 🕱 No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2X Merried Baltimore, Maryland 21215-0020 Specify: BLACK 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) G.B.M.C. YEARS SOCIAL WORKER 17. Fether's Neme (First, Middle, Last) 18. Mothar's Neme (First, Middla, Maiden Sumeme) Be FANNIE BELLE MORTON MORTON EGGLESTON P 19e. intorment's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code, 1028 WOODSON ROAD BALTIMORE, MD. 21212 APT. B JOHN GALEN DAVIS-HUSBAND 20b. Plece of Disposition (Neme of cemetery, crametory or other plece) 20e. Method of Disposition 20c. Location - Cify or Town, Stata XX Burial 2 ☐ Crametion 3 ☐ Removei trom Stete AUG. 10, 1996 BALTIMORE, MARYLAND KING MEMORIAL PARK 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Coensi 22. Neme and Addrass of Facil CALVIN B. SCRUĞGS FUNERAL HOME 23e. Pert1. Enter the disease, or complications thet/autiled the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or haert failure. List only one cause on each line. 1412 E. PRESTON ST. BALTO, MD. Approximate interval Betw Onset and Death **Physiclan** immediate Cause (Final disease or condition resulting in deeth) /Medical CARDIUGENIC Examiner Due to (or es a consequence of): Examiner >3 HRS INFARCTION ACUTE MYDIARDIAL and Atransit certificate be execute Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disaesa or injury that initiated events resulting in deeth) Last Due to (or as e consequence of): physician a s the burial->1 YEAR CORONARY Box 68760. DISCASE ARTERY Physician/Medical Due to (or es a consequance of) signed by the a d be detached t Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown PNEUMONIA þ 24e. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed DIABETES MELLITUS 10 Yes 2 No 1 ☐ Yes 2 No certificate 25. Was casa reterred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospitai: 1 Dinpatient 1 Yes 2 No Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 2 2 ☐ ER/Outpatient 3 ☐ DOA 뿧 28a. Dete of injury (Month, Day Year) 27. Menner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Neturei 5 Pending A Hospital or As.
Sours after death.
To Director: A. 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be determined 3 Sulcida 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Medical 29e. Certifier 1 🗹 Certifying Physician: To the best ot my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) end manner as steted. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end piece, and due to the causa(s) end mannar stated.

29d. Dete signed (Month, Day, Year)

BALTIMORE

State Registrar

09 1996

JOSEPH

29b. Signeture end title of certitier

31. Date tiled (Month, Dey, Year)

> rahwan borling up



30. Neme and eddress of person who completed cause of deeth (item 23e) (Type, Print)

RESIDENT INTER.

MEDICINE

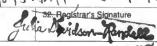
DHMH 16 Rev 6/95

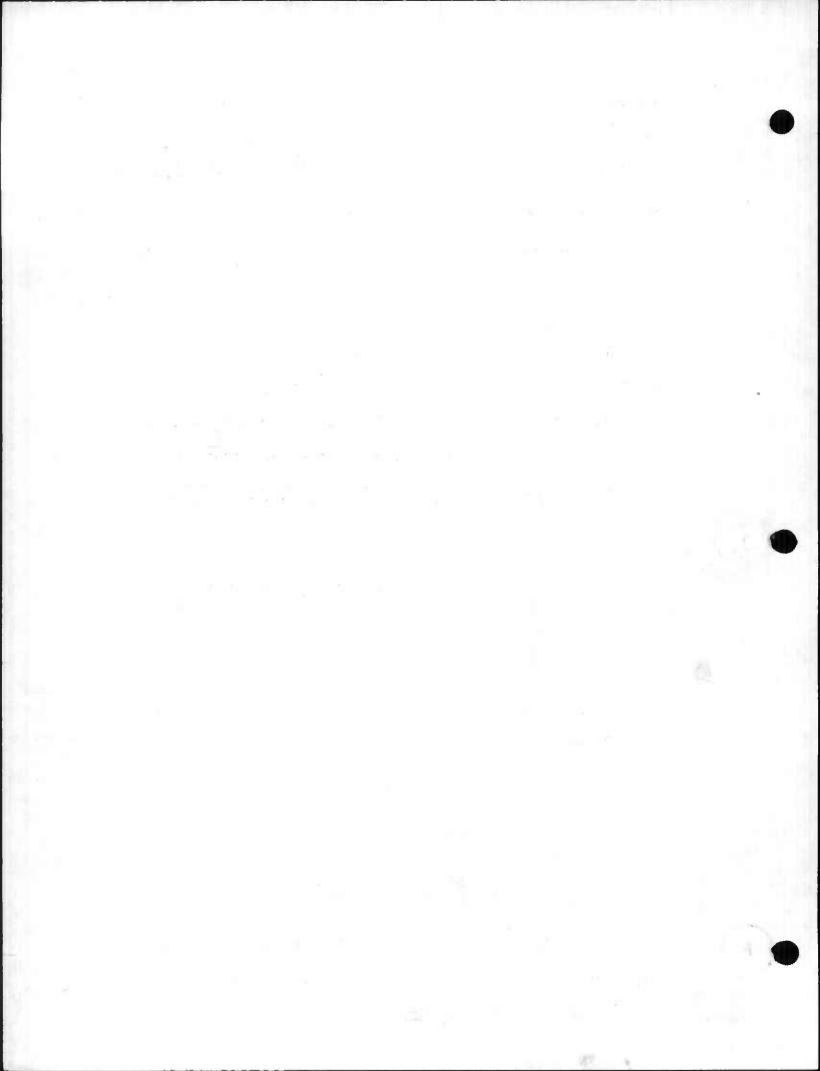
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** ^D1996 Awah. 8 Norman Mohr 7:05am /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 426 Margaret Ave. Essex Baltimore | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | Months | Day | Park | Dec 3 / 1923 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Funeral 100 M 2□ F 216-14-3210 72 Yrs Director MARYLAND Usual Residence of Deceden the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Md. Baltimore Director Essex 1 ☐ Yes 2 ☑ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ŏ 426 MArgaret Ave. 21221 items 23a USA death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Yes 2 No
If Yes, Give
Year or Dates: 1 Never Married 270 Married Baltimore, Maryland 21215-0020 ò 1 Yes 2 XNo Specify: Specify: þ 3 Widowed 4 Divorced White "natural", Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Meatcutter Foodarama 7th pemit. Pages 1 and 2 should be filed to Department of Health and Mental Hygie Important: If Item 27 is marked other? 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Frederick Mohr Dora Wilkinson 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Carol J. Rider 3409 Farmstead Drive. Westminister Md. 21157 other 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Locetion - City or Town, State Burial 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) Dulaney Valley Cemetery 8/10/96 Baltimore MD. injury 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Connelly Funeral Home of Essex 23a. Part 1. Enter the disease, or complications that ceused the deeth by not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only a cause on each line. 300 Mace Ave. Baltimore Md. 21221 **Physician** /Medical Immediate Cause (Final CORONARY ARTERY DISEASE disease or condition resulting In deeth) **Examiner** Physician/Medical Examiner OBSTRUCTIVE PULMONARY CHRONIC sician and bunial-trensit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Lest Due to (or as a consequence of): P.O. Box 68760 the st Due to (or as a consequence of) 98 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? PNEUMONIA 1 Yes 2 No 3 Probably 4 Unknown Records. þ 24b. Were autopsy findings available prior to completion of cause of death? Completed ANGEMIA 24a. Was an autopsy performed? 1 Yes 2 No this certificate 1 ☐ Yes 2 ☐ No Division of Vital epital or Attending Physician: The nours effer death.

neral Director: After this certificate y filled in by the funeral director, pa Be 25. Was cese referred to medical exeminer? 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of 1 Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide the Hospital of the 24 hours el Medical 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and piace, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, dete and place, end due to the ceuse(s) and manner stated. 29a, Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) MID D 31464 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)
SHLA113 A. HASHMI 821 N. EMTAW St Smite 308, BALTIMIPE
MP 43

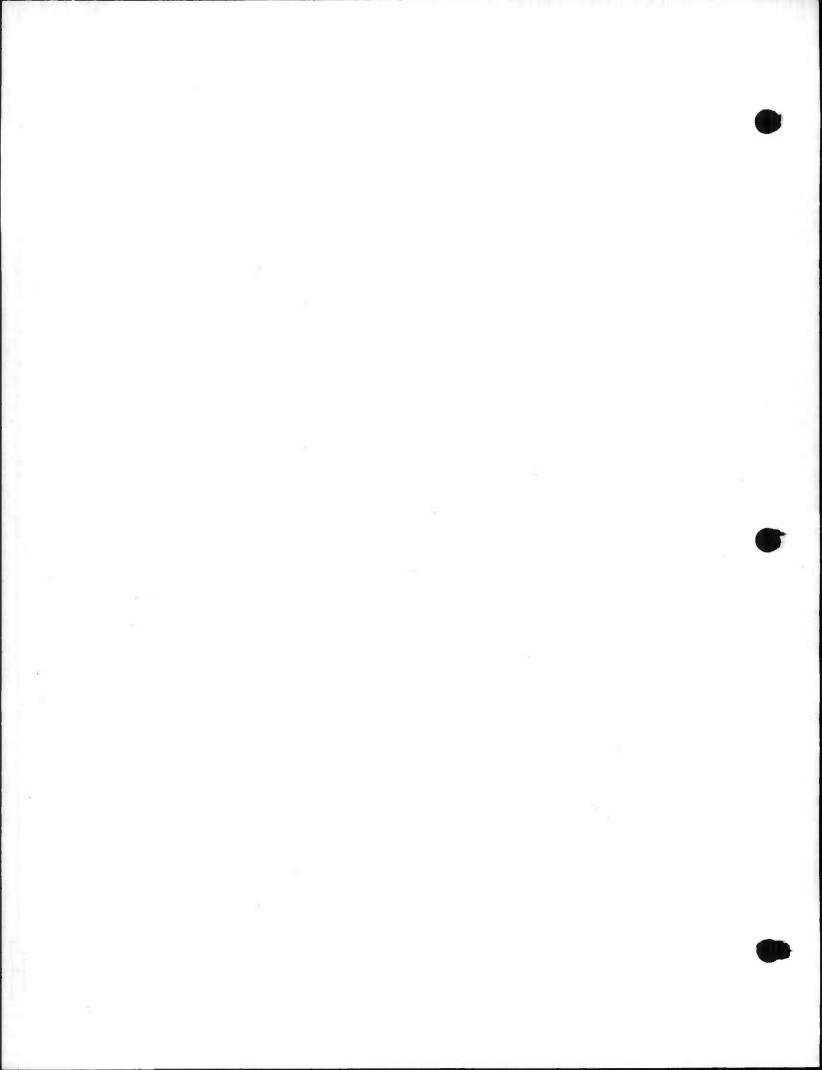
State Registrar 31. Date filed (Month, Day, Year)





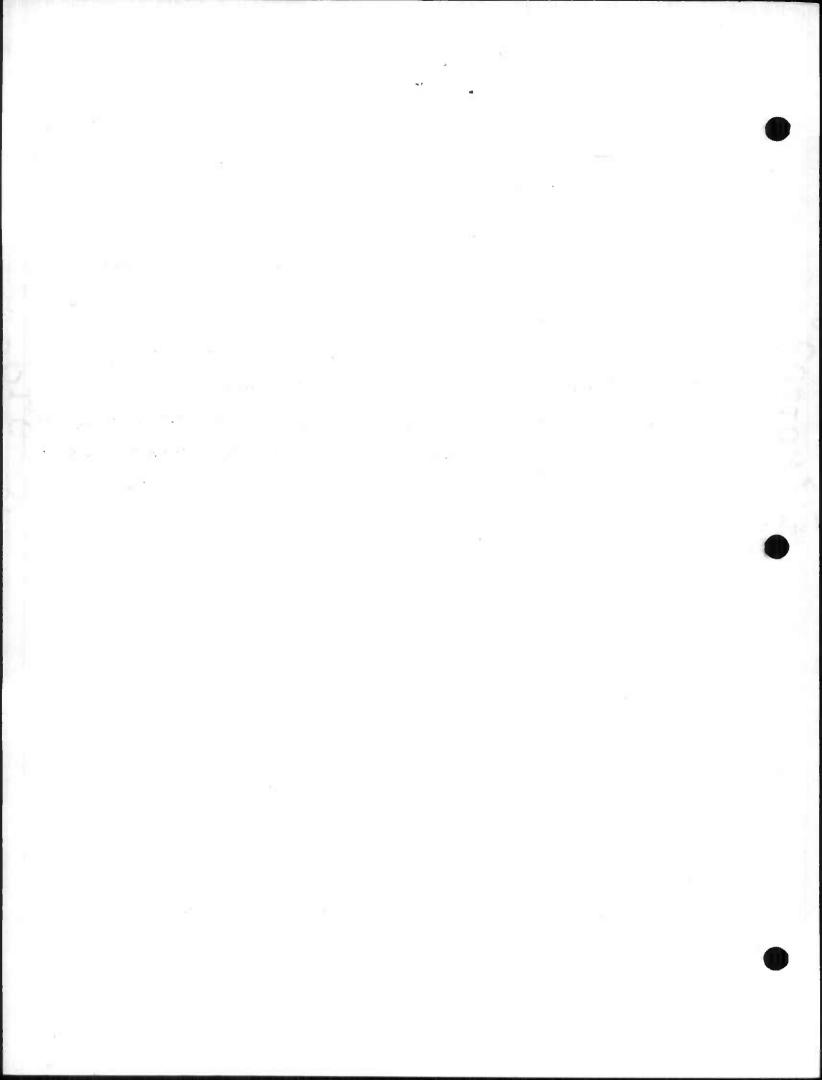
BALTIMORE, MARYLAND 21215-0020	VSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT	OF H	IEALTH AND	MENTA	L HYGIEN				
	1. OECEDENT'S NAME (First, Middle, Last)	W. 3.5				DEATH	MONT	OF DEATH	AY	YEAR	3. TIME OF DEATH	
	ANNIE KUTA MO 4. SOCIAL SECURITY NUMBER	7	(In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	JUL 7. DATE	Y 31	199		IPLACE (State or Foreign	
	237-30-6119	1 □ M 2 □X 7		MONTHS	DAYS	HOURS MIN.	0 c t	h Day Mart	24	Nor	tn Carolin	
DIRECTOR	9a. FACILITY NAME (If not institution, give s IRVINGTON KNOL RESIDENCE OF DECEMENT		CENTER			PRIORE	DEATH		9c. COUN	ITY OF O	EATH	
EG	10a. STATE 10b. COUNT	Υ	10c, CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY	
H	MARYLAND NA			LTI							LIMITS?	
	10e. STREET AND NUMBER					. ZIP CODE			10g. CITIZ	ZEN OF V	WHAT COUNTRY?	
EB	717 DRUTD PAR	Z LAXE DRI	V3 #609)		2121	7		TT:	SÁ		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. \	MAS OEC	ENDENT OF HISPA	NIC ORIGI	N? (Specify Yes		14. RACE	- American Indian,	
ВУ	1 Never Married 2 Married 3 Myldowed 4 Olvorced		YES, GIVE WAR OR DATES 1 ☐ YES 2 1 NO					Cuban, Maxican, Puerto Rican, etc.) NO Specify: Black, White, etc. Specify: Black				
	15. DECEDENT'S EQU	CATION	tea OPCEDENTIO	1101111 04		*					C K	
COMPLETED	(Specify only highest grade	completed)	16a. OECEDENT'S (Give kind of ville. Do NOT us	work done o	during mo	on st of working	186	. KINO OF BU	SINESS/IND	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)		,	ŔΚ		90	mrzi.z	3 884	nς	กรอบ รบกร	
O	17. FATHER'S NAME (First, Middle, Last)							HUTZLER BROS. DEPT.STOR				
ш	WILLIE C. MC D	UFFIE			S NAME (First, Middle, Melden Surname) SIMPSON							
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street a	nd Number or Rurel	Route Num	ber, City or Tow	n, State, Zip	Code)	201.01	
F	ROBERT MCDUFFI	E	514 E	RUN	SWI	CK STRE	TEE	WILM	INGT	ON,	NC.28401	
	20a. METHOD OF DISPOSITION 1) Quriel 2 Cremation 3 Rem	oval from State	PLACE AND DATE	there oleges!			DAT	E 20c. LO	CATION — C	Ity or To	wn, State	
	4 Donation 5 Other (Specify)		OUNT ZI	_		ETERY		/96 L	ATISD	NWO.	E, MD	
	21. SIGNATURE OF FLINERAL SERVICE LIC	HUL		NW:	TTY	FUNEKA	L H					
	23. PART I. Enter the diseases, or o	complications that cause	d the death. Do r	ot enter) B	I. NORT	HA	VE.	BALT	0.		
- 1	anock, or nesrt isilure.	List Dnly Dne csuse on e	ach line.	or enter	are mo	ae or dynig, auc	cn aa cen	alsc or respi	ratory arre	eut,	Approximate interval Between	
	IMMEDIATE CAUSE (Finsi disease or condition		200		P	D. C. (1		1			Onset and Death	
	resulting in death)	DUE TO (OR AS A				NEUMO					3 aays	
z			METAST	ATIC	. 1	-UNG	CA	NICE	R		6 months	
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	METAST CONSEQUENCE OF	7):		(5	CIVO	mous	ull)	Grinoling	
2	ceuse. Enter UNDERLYING CAUSE (Disesse or Injury	c										
CERTIFICATION	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	ን:								
5		d										
AL.	PART II. Other significant condition	na contributing to deeth b	ut not resulting l	n the un	derlying	ceuse given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
2								PERFOR	4		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
								_ /			OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEATH YE	S N	10 🗵	UNCERTAI	N 🗆					
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT									
KSI	1 TYES 2 NO	1 - Inpatient 2 - ER/Outp	etlant 3 🗆 DOA	OTHER 400 Nurs	ing Hom	5 🗆 Rasidenca	8 🗆 Othe	r (Specify)				
표	27. MANNER OF DEATH 1/X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY		RK?	28d. DES	CRIBE HOW II	NJURY OCC	URED		
à l	2 Accident Investigation			М		ES 2 NO						
MPLETED	3 Suicide S Could not be 4 Homicide	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, s	treet, tecto	ry, office		281. LOC City	ATION (Street a or Town, State)	nd Number o	or Rural A	oute Number,	
	29a. CERTIFIER (Check only	CIAN: To the best of my know	ledge, death occurre	d at the tir	ne, data	and place, and due	to the car	se(s) and men	ner en elete	4		
S				ige, death occurred at the time, data and place, and due to the cause(a) an and/or investigation, in my opinion, death occured at the time, data and place							and menner as stated.	
5	29b. SIGNATURE AND TITLE OF CENTIFIED		29c. LICENSE NUMBER 29d. DATE SIGNED									
E E	m	Vasanth	alcum	ow		D42	5/6		1 8	107	11996	
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	.] . 1	V'GUTA	IN C.	T SUI	TGU	07	MD21201	
	31. DATE FILED (Month, Day 1941)	32. REGISTRADE	ηθέμθω	<u> </u>		- 0 10			4	1/	-11/21/20]	
	AUG 0 9 1996 0	TA LIMMAN A. A.										



98	DIVISION OF VITAL RECORDS, P.O. BOX 6876	0 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if hem 28 is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.
20	DIVISION OF VITAL RECORDS, P.O. BOX 6876	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital i	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: if item 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

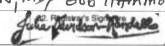
	ITEM::4. PER F'.H. F'ILE	M G-738 8/2	27/96 t.t									96	23664
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR					MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH
- 8	Ma	ry Cathe	rino Mit	chol	1				MONT	H D		YEAR	
1 9		5. SEX	6. AGE (In yrs. las			D 4 MEAD	or tour to			gust 8	, 199		9:00 A.
	3445				MONTHS	DAYS	IF UNDER	MIN.	(Mont	h, Day, Year)		Country	PLACE (State or Foreign
	579-20 -3455	1 - M 2 XF	74	YRS.			1150		Apr:	il 19,	1922	Thom	as,W.Va.
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY	Y, TOWN O	R LOCATI	ON OF DE	EATH		9c. COU	NTY OF DE	ATH
e	St. Joseph H	ospital				Tows	son				Ва	altim	ore
151	RESIDENCE OF DECEDENT												
DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCATI	ION						10d. INSIDE CITY LIMITS?
	Maryland Ba	ltimore (. oc			Tows	son						1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					10f.	ZIP COD	E			10g. CIT	ZEN OF W	HAT COUNTRY?
E	302 East Joppa 1	Road					212	286			Imi	ted	States
151	ti. MARITAL STATUS	12 WAS DECEDED	T EVER IN U.S. AF	RMED	13.	WAS DECE	ENDENT C	OF HISPAN	VIC ORIGI	N? (Specify Yes		14. RACE	- American Indian.
	1 Never Married 2 Married	FORCES?	YES 2	NO		It yea, spe 1 YES				Rican, stc.)			, White, stc.
B≺	3 Widowed 4 Divorced	120, 0.12	on one			1 1 123	z OKNO	эресиј	у.			Specify	White
8	15, DECEDENT'S EDU	ICATION		ECEDENT'S					168	. KIND OF BU	SINESS/IND	DUSTRY	
151	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	- Hite	Give kind of B. Do NOT u	work done ise retired.)	during mos	st of worki	ng					
7	12	College (1-4 of 5	"	Off	fice	Work	er			Soc	ial s	secur.	i+37
COMPLETED	t7. FATHER'S NAME (First, Middle, Last)			01.	1100	VIOLI		HER'S NA	ME (First	Middle, Malden		ecu.	TCY
	Charles Readd										Surrierrey		
BE	19a. INFORMANT'S NAME (Type/Print)		140		2 400000	0.00				hrey			
2		1 (())	1							ber, City or Tow			155
	Eric R. Mitchel	L (SOII)	1	2901				2t	7				e,Md. 2122
	1 🎇 Burial 2 □ Cremation 3 □ Ram	novel from State	20b. PLACE cemetery_cre	ematory or o	other place	1			DAT	0.70		City or Tov	
	4 Donation 5 Other (Specify)					ith (Ceme:	tery	8/1	0/96_	Ross	<u> ville</u>	.Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	Jef:	frey L.	Gair		NAME AN				al Home	. т.		
	V her	I. Jou	~							owson,			Λ
	23, PART 1/Enter the diseases, or	complications the	t caused the d	eath. Do									Approximate
	23. PART VEnter the discusses, or ehock, or heart failure.											,	intarvai Between
	iMMEDIATE CAUSE (Final disease or condition	M 40	CART	DIA	7	CN	FAI	RCI	170	\sim			Onaet and Deatl
	resulting in death)	a	0//.00				,						
	/	ATIL	CNO S	OUENCE)F):	7-0	5 . (
N N	Sequentielly list conditions,												
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DIA	OF AS A CONSE	OUENCE	1, =	44:	17	,5					
3	CAUSE (Disease or Injury	C.											
岸	that initiated events resulting in death) LAST	DUE IC	OR AS A CONSE	OUENCE	PF):								
	Tooding in Joan Exor	d											
0	PART ii. Other significant condition	ne contributing to	deeth but not	resuiting	in the u	nderivino	Cause	alven in	Part i.	24a. WAS AN	ALITOPSY	24h	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	CHRONIC OF	struc	TIVE	11	11/	- 0	1575	AF	1	PERFO		2.40	AVAILABLE PRIOR TO COMPLETION DF CAUSE
ŏ	Carrette on		, ,	0	7700		. 0 -			1 TYES 2	NO		OF DEATH?
Σ											•		1 TYES 2 NO
ż	DID TOBACCO USE CONT	RIBUTE TO CA	AUSE OF DEA	ATH Y	ES 🗷	NO [UNC	CERTAI	N 🗆				
ĕ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLA	CE OF DE									
SIC	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 Nu	R: Insing Home	• 6 □ R	asidence	6 🗆 Oth	er (Specify)			
Ì	27. MANNER OF DEATH	26a. DATE O	FINJURY	26b. Til	ME OF	28c, INJI	URY AT		28d. DE	SCRIBE HOW	NJURY OC	CURED	
	t Natural 5 Pending	(Monn,	Day, Year)	1	M		RK?	NO					
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY — At h	ome, farm,	street, fac	ctory, office			261. LO	CATION (Street	and Numbe	r or Rural R	loute Number,
	4 Homicide determined	building	, atc. (Specify)						C/ty	or Town, State			
<u> </u>	29a. CERTIFIER		0-11 22-11-		100-		2000						
MP.	(Check gnly	SICIAN: To the best of											
COMPLETED	2 MEDICAL EXAMIN	EM-On the beals of	examination and/or	Investigati	ion, in my	opinion, de	eath occu	red at the	time, dat	a and place, a	nd dua to ti	ne cause(a)	and menner se stated.
BE	PEN ARTHATURE AND TITLE OF CERTIFIE	9/-					29c. LIC	ENSE NU	MBER	/	29d, DA7	E STORED	(Month, Day, Jear),
0 8	anu U	Jarr	~			1	D	510	of	60	1	2/1	76
121	20 NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAL	ISE OF DEATH OT	EM 27) (%m	o Drintl							/ //	

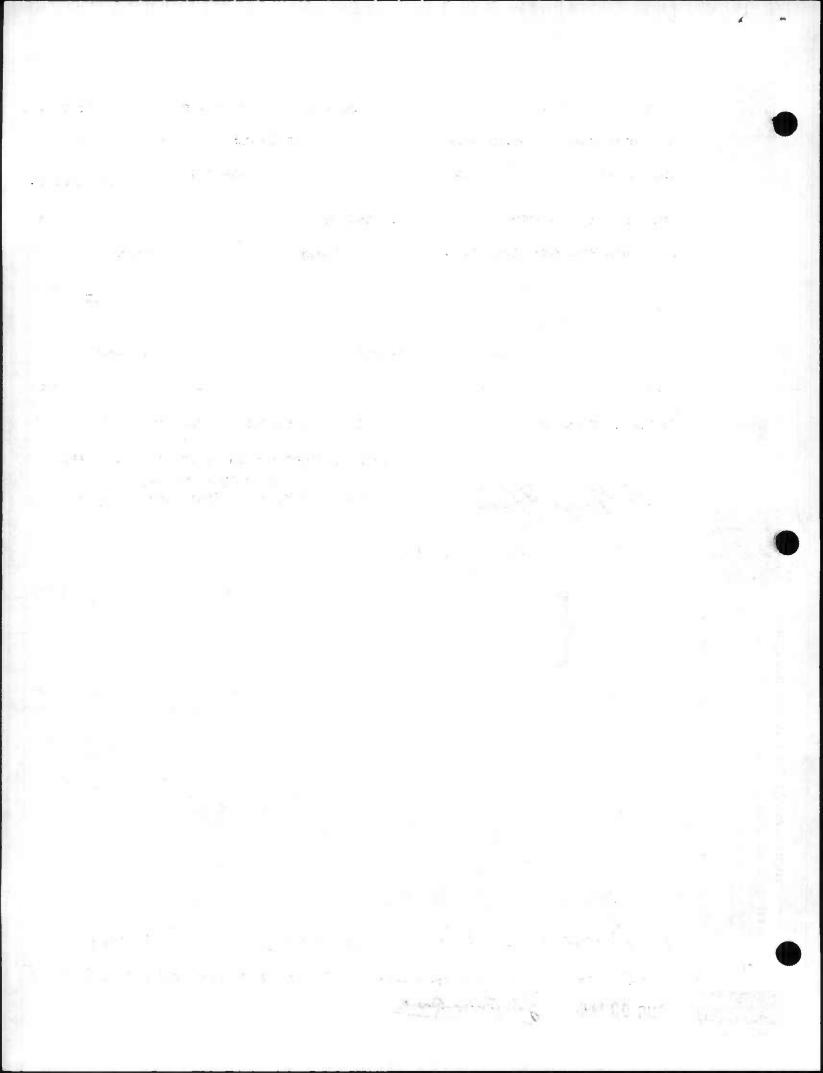


					00	rtificate d	" Duali		Reg. No.		
		1. Decedent's Neme (First, Middle,	Last)					2. Dete of De	eth		3. Time of Deeth
nysicia Medica	-	ROXIE DE	TTE			MORR	ISON	AUGUST	8, 199	96 Yeer	3:00 A.M.
xamine		4e. Fecility Neme (If not institution,	give street end numbe	r)			4b. City, Town, o	or Location of Deet	h 4c. Cour	ty of Deeth	
		204 NORTH HAMMO	NDS FERRY	ROAD			LINT	HICUM	ANN	E ARUN	DEL
eral tor		5. Social Security Number 214-54-9496 Usuel Residence of Decedent	5. Sex 7. A 1 □ M 2 🖸 F	Nge (In yrs. 82	lest birthday) Yrs.	Months De			th ey, Yeer) 1913	Coun	elece (State or Foreign http://
	-	10e. Stete 10b. County		10c. Ci	ity, Town or Lo	ocation					0d. Inside City Limits
	Director		ARUNDEL		I	INTHICU	JM				1 ☐ Yes 2 💢 No
1	a Dir	10e. Street end Number 204 NORTH HAMMO	NDS FERRY	ROAD		10f. Zip Coo	1090 °		10g. Citizen d	f Whet Cour	itry?
	by Fur	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Deceden Armed Forces d 1 Yes 2 7 If Yes, Give X Year or Detes	No		Was Decedent if Yes, specify C 1 ☐ Yes 2 ☑	of Hispenic Origin? Cuban, Mexican, Pu No Specify:	(Specify Yes or No erto Rican, etc.)		ace - Americ leck, White, cify: WH	
	Completed	15. Decedent's (Specify only highest : Elementery/Secondery (0-12)	Education grade completed) College (1-4or	r 5+)	(Give	dent's Usuel Od kind of work do DO NOT use re	ne during most of w	vorking	16b. Kind of	Business/Inc	dustry
	S	8	N/A		HOMEM	IAKER				WN HOM	E
	To Be	17. Fether's Neme (First, Middle, La TYRE	•	RABB			18. Mother's N	leme (First, Middle,	, Maiden Sum LLEN	eme)	GENTRY
		19e. informent's Neme/Reletionship	(Type, Print)		19b. Meilir	ng Address (Str	eet end Number or	Rural Route Numb	er, City or Tow	n, State, Zip	Code)
		MELVIN L. MORRI	SON (SON)		309	MUSIC I	LANE, LIN	THICUM, M	ARYLAN	21	090
		20e. Method of Disposition			Plece of Dispo	osition (Neme or metory or other	plece)	Dete	20c. Location	- City or To	wn, Stete
		½☐ Buriel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spe		9			GARDENS	8/10/96	BEL AI	R, MAR	YLAND
SUCE.		21. Signeture of Funeral Service Lic	censee 3//	1	1		Idress of Fecility S:				
	_	11. Horn				SECOND	AVENUE: 3	S.W. GIL	N BIIRN	H. IVIII	. 21061
an		23e. Pert1. Enter the disease shock, or heert teilure.	omplicetions met cause ily one cause on each	ed the deet line.			AVENUE, S			IE, MD	Approximete interval Between Onset and Deeth
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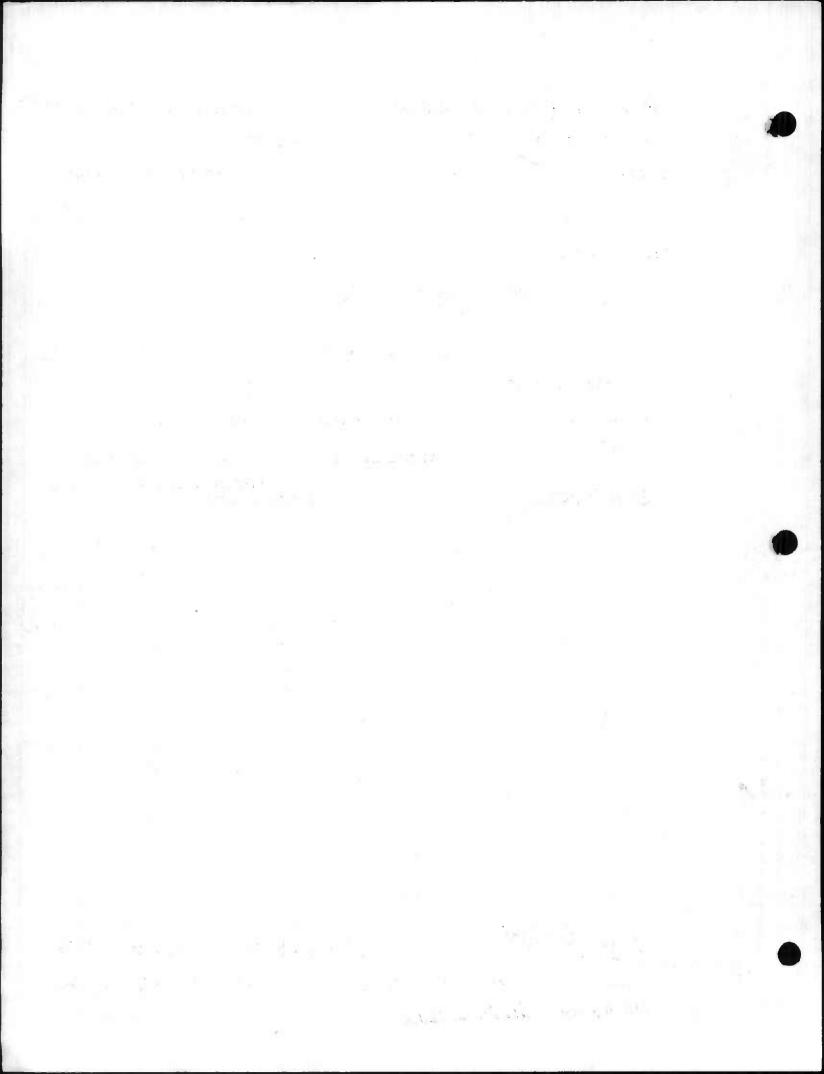
31. Dete filed (Month, Dev. Year)
AUG 09 1996





State of Maryland / Department of Health and Mental Hygiene 96 23666

						Cei	rtificate	of	Death			Reg. No.	9	20000
Phys		1. Decedent's Name (First, M	iddle, Last)	L 1 1	01.1	Sail					2. Date of D Month	eath Day	Yaar	3. Time of Death
/Me Exan		4a. Facility Name (if not institu				-90N			4b. City, To	wn, or Lo	AUGUS ecation of Dear		of Death	10:43
		MERCEY HO	SPITAL						BAL	TIMO	RE	N	A	
Funera Directo		5. Social Security Number 220-40-8166	6. Sex 1 ☑ M		Age (In yrs. 53	last birthday) Yrs.		Year Days	If Undar Hours	24 Hrs. Min.	8. Date of Bi (Month, D MARCH	irth a <i>y, Year)</i> 17 1943	9. Birthp Coun	laca (Stata or Foreign try) IGLAND
p ,	٠.	Usual Residence of Decedent			1									
e Maryla ta-f shov	Director	MD 10b. Cou	nty NA		10c. City	y, Town or Lo BAI	cation LTIMOR	Е					1	0d. inside City Limits 1 √ Yas 2 □ No
or 28	Oire	10e. Street and Number					10f. Zip C	ode				10g. Citizen of V	Vhat Coun	try?
ath w	<u>e</u>	7615 DANIEL	S AVE				2	123	4			U.S	.A.	
21215-0020 d within 72 hours after death with the Manyland giane. r than "natural", or forms 23a or 28a-f show in the Mexical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 N	Married 1	vas Decede rmed Force Dives 2[Yes, Give ear or Date	□No AF	RMY	Was Deceder f Yas, specif 1 ☐ Yes 2	/ Cuba	lispanic Orlean, Mexican Specify:	gin? (Spi i, Puerto	ecify Yes or N Rican, etc.)		e - Americ ck, Whita, a	
2 hor	P	15. Dece	dent's Education	1	1961	16a. Deced	ient's Usual	Occup	ation			16b. Kind of Bu	usiness/inc	dustry
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200	Con	12	,	N/A	01 0 +)	1	MACHIN	IST	1			BET	HELHA	AM STEELE
and be file tal Hys d othe	e B	17. Father's Name (First, Midd							18. Mothe	r's Nama	(First, Middle	a, Maiden Sumam	a)	
arylan should be nd Mental merked o	2	WILLARD	NICHOL	SON					V	ERA	MAYNAR	D		
M Z Du		19a. Informant's Neme/Relation VERA BLANCH		rint)			g Address (Ser, City or Town, E MD . 212		Code)
Or of the life in		20a. Method of Disposition 1 □ Burial 2 ☑ Crematic 4 □ Donetion 5 □ Other		al from Sta	to C	lece of Dispo emetery, cren REENM(natory or oth	of er place CEM		8	Date -9-96	20c. Location - BALTI		
Baltin permit. Pe Department Important: any Injury	à	21. Signatura of Funeral Sarvi					. Name and		-	v			-	
Bany Inpo		1 ort	-no.							HA		MILLER F	UNERA	AL HOME
	-	23a. Part1. Enter the disease.	or complication	ns thet caus	sed the death	. Do not ente	er the mode				D ROAD	arraet		Approximata
Physician		23a. Part1. Enter the disease, shock, or heart failure.	ist only one car	usa on each	ina.			, Gym	g, odol do	ooi dido (i respiratory a	illast,		Intarval Betwean Onset and Deeth
/Medica		Immediete Cause (Final			7: ~~									()
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O, exe an ar		Sequentially list conditions, if any, leeding to Immediate cause. Enter Undarlying	,	CY	0	からって		~	, Inou	200		•		5 m.s
68760, ificete be ex g physician as the bunial	edicai	Cause (Disease or Injury thet initieted events resulting In death) Last	C			as a consequ		,, ,	11001	*1146				0 0 43
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	Physician	Pert II. Other significant cond	tione contribut	ing to dooth	but not soon	laine in ab a con	4.4	t	and Dead		net Did	A-6		
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cords, P.O requires that the been signed by th	Completed t					_					24a. Was	an autopsy ormed?	ava	re autopsy findings illable prior to appletion of cause
8 2 8	E											1		laath?
E TA S.		25. Was casa referred to medi	nal								10		1	Yes 2 No
Oirect.	To Be	examiner?	Hospita	al: , D		-D/O		Othe	DE:		(Check only			
		27. Manner of Death	286	1 ⊡npa a. Date of In	ijury	R/Outpatient 28b. Time of			4 LJ Nui			dence 6 Othe)
DIVISION O for Attending Phater death. Director: After the	tion	1 Netural 5 ☐ Pen-		(Month, E	Day Year)	Injury	м	Injury Work	<7 Yes 2□N			,,		
Attender dea	fice	3 ☐ Sulcide 6 ☐ Coul	d not be	e. Place of I	Injury - At hor	ne, farm, stre	et, factory, o				28f. Location (Street and Number	er or Rurai	Route Number.
Dia dia dia dia dia dia dia dia dia dia d	Certification:	4 ☐ Homicide dete		building,	etc."(Specify))					City or To	wn, State)		
Division o To the Hospital or Attending Ph within 24 hours aftar death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifier 1 Certify (Check only one) 2 Medic	ai Examiner: 🔾	To the bes	of examinate	rledge, death on and/or inv	occurred at estigation, in	he tim	e, date and pinion, deat	place, e	nd due to the	ceuse(s) end ma date and piece, a	nner as sta and due to	ated. the ceuse(s)
Nethir Somp	×	29b. Signature and title of certi	ier) Al	1.5			29c. L	icense	number			29d. Date signed	(Month, E	Day, Year)
		Niver Ketaka								t 7	1996			
7		30. Name and address of pers	on who complet	10					_			DOGUS		1.110
		31. Date filed (Month, Day, Yes	teth) COC	-	01 51	t pai	1	51.	BA	CTIMOR	e Mo	5	1903
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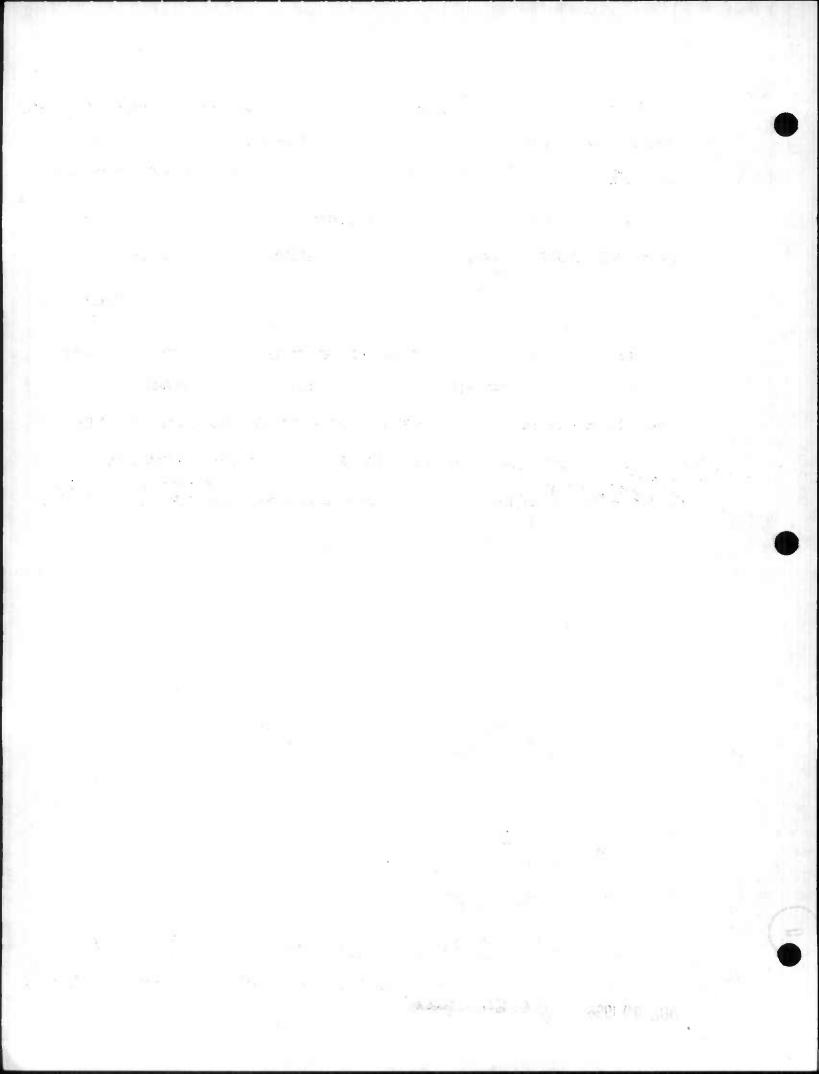


State of Maryland / Department of Health and Mental Hygiene

23667 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Data of Death **Physician** 40GUSI 1996 /Medical 4a. Facility Name (If not institution, give straat and number) 4b. City, Town, or Location of Death Examiner 4c. County of Death MILFORD MANOR NURSING HOME PIKESVILLE BALTIMORE 5. Social Sacurity Number If Undar 1 Yaar If Under 24 Hrs. 7. Aga (In yrs. last birthday) **Funeral** 9. Birthplace (Stete or Foraign 1□ M 2□xF Months Days 89 Yrs. Director 216-10-0627 1907 MARYLAND 18, Usual Residence of Decedent death with the Maryland 10a State Show 10b. County 10c. City, Town or Location 10d. Inside City Limits event, the Medical Examiner must be notified at Director XXYes 2 □ No N/A BALTIMORE 28a-f 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? or items 23a or 2708 JENNER DRIVE APT. C 21209 U.S.A. Funeral 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ You It Yes, Give Was Decedent of Hispanic Origin? (Specify Yas or No-it Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Biack, White, etc. filed within 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No by Widowed 4 □ Divorced Specify: WHITE natural Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind ot Business/Industry then Elementery/Secondary (0-12) College (1-4or 5+) 12 BOOKKEEPER/SECRETARY PRODUCE TERMINAL 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middla, Maiden Surneme) Be Pages 1 end 2 should be nent of Heelth and Mental is marked other traumetic ပ WOLF CARASIK IDA COHEN 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Heelth Important: If Item 27 SARAH WOLFE - SISTER 7229 PARK HGTS AVE BALTIMORE, MD 21208 20a. Method ot Disposition 20b. Place of Disposition (Nema of cematary, cremetory or other place) 20c. Location - City or Town, State 1 N Burial 2 □ Cremation 3 □ Removal from State 5 ☐ Othar (Specify) 4 Donation WORKMENS CIRCLE 8/7/96 DUNDALK, MD 22. Name and Address of Facility Bny Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208 ompositions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, rily or half as on each line. 23e. Part1. Enter the diseese, or of shock, or heart tailure. List or Approximata Interval Betw Onset end Deeth Physician Immediate Cause (Finel diseasa or condition resulting in death) /Medical anes Concear Examiner Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last as a consequence ot): Box 68760, attending physician for use es the burie Physician/Medical Dul to (or as a consequence of): signed by the a Records, P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 | Yee 2 | No 3 | Probably 4 | Unknown ģ should l Completed 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? page 2 s has 200 No 1 Yes 1 ☐ Yes 2 ☐ No certificate Vital or Attanding Physician: 25. Was case referred to medical exeminer? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3□ DOA Division of this 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Tima of 28d. Describe how injury occurred After 5 Pending investigation death. 1 ☐ Yes 2 ☐ No the f 2 Accident ofter deatl 6 Could not be determined 3 Sulcida in by t 28a. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hospital filled 24 hours edicai Certifying Phyalclan: To the best of my knowledge, death occurred at the time, date and placa, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifiar within 24 ho To the Fune completely fi (Check only one) å 29b. Signature and titla of cartifier 29c. License number 29d. Data signed (Month, Dey, Yeer) 8 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) 14110 38 (9 LOLLIS 31. Date tiled (Month, Dey, Year) State AUG 09 1996 Registrar

DHMH 16 Rev 6/95

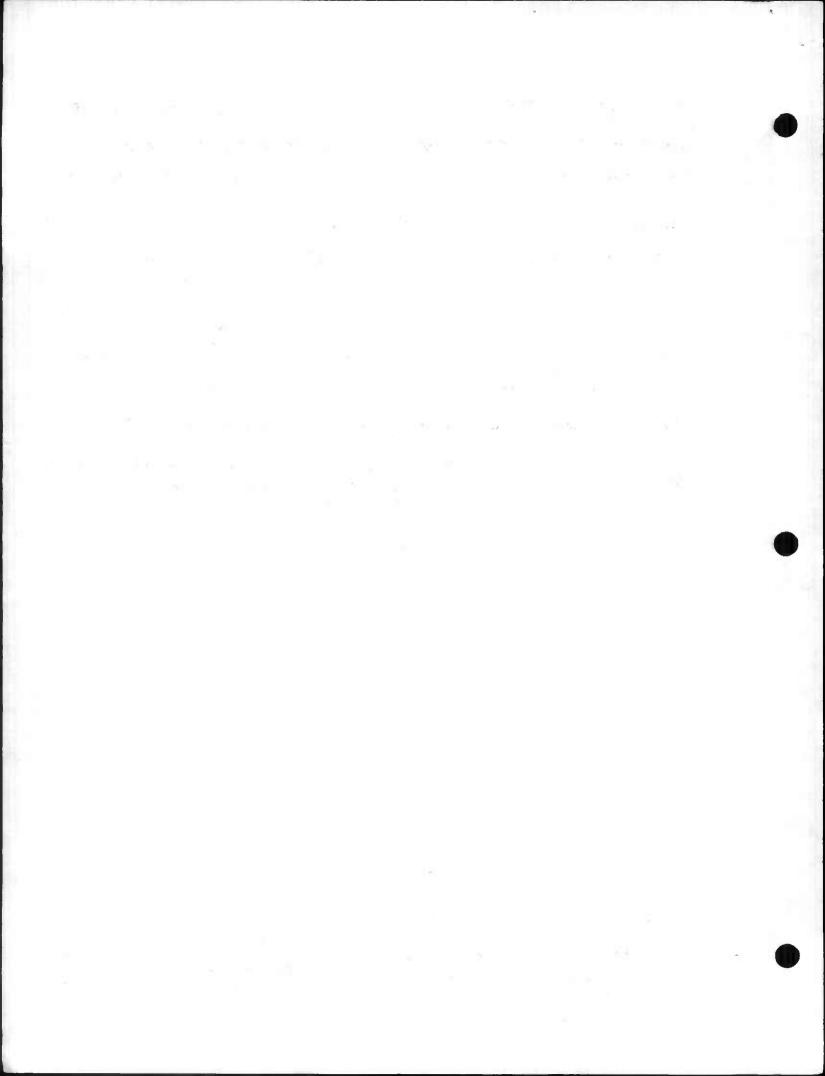


State of Maryland / Department of Health and Mental Hygiene 96

23668

						Certif	icate of	Death		Reg. No.		_0000
		_	1. Decedent's Name (First, Middla, La						2. Data of Da	ath	1,233	3. Tima of Death
•	sician		VIOLA M. A	PITTS					AUGUST	Day	1996	10 PM.
	edical miner		4a. Facility Name (If not institution, gh	va street and number	')			4b. City, Town, or			3 4 -	
LAG	mme		NORTHUEST 140	1601101	135 M	+WP		Pranoll	STOWN	RA	1170	MORE
Francis	Jal				ge (In yrs. las		Undar 1 Year			th		
Fune Direct				1□M 2⊠F	75	Yrs. M	onths Days	Hours Min.	8. Date of Birt (Month, Da Dec. 4,	y, Year) 1920		lace (State or Foreign try) yland
with the Maryland a or 28a-f show	١.		10a. State 10b. County		10c. City, T	own or Location	on				1	0d. Inside City Limits
N T	1 5	3	Maryland Balti	more	I	Randall	stown					1 ☐ Yas 2X No
E 20	Director		10e. Street and Number			1	Of. Zlp Coda			10g. Citizen of	What Cour	ntry?
th w	- E		9122 Liberty R	load			21	.133		U.S	. A.	
tar daa	by Funeral	2	11. Marital Status 1 Nevar Married 2 Married 3 XWidowed 4 Divorced	12. Was Decedent Armed Forces 1 Yas 2 If Yes, Giva Yaar or Dates:	? No		Dacedant of s, specify Cut Yes 2 A No	Hispanic Origin? (S ban, Mexican, Puert Specify:	pecify Yes or No o Rican, etc.)	14. Rac Bla Specifi	ck, White,	
21215-0020 d within 72 hours af piena. r than "naturel", or	Completed	ופופת	15. Decedent's E (Specify only highast gr	ada completed)		8a. Decedent' (Giva kino	s Usual Occu of work done	ipation a during most of wor ed)	rking	18b. Kind of B	usinass/înd	dustry
the sale	1 8		Elementary/Secondary (0-12) 12 Years	Coilege (1-4or	5+)		Maker	50)		Mod	tingh	01100
	ပိ	3 -	12 1eals 17. Father's Name (First, Middla, Last	P)		ruse	Makel	10 Mother's Nes	me (First, Middla.			louse
₹ 8 11 0 5	6	ā l	NAME OF THE OWNER OF THE								ra)	
Marylai d 2 should b th and Mente 7 is marked traumatics	L O	2 -		enwalt				٠	adys Du			
Aar 2 sho			19e. tntorment's Name/Relationship (_	`	et and Number or Ru				
CENL		L	Mr. Paul A. Capr	riolo (Atto				Road Ran		wn, MD	2113	3
Du Page		1	20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci		cem	a ot Dispositio atary, cramato y Famil	ry or other pla		8/10	Randa	200	wn, State
Baltin permit. Pa Departman Important:			21. Signature of Funeral Servica Lice		HOT	22. Na	ma and Addr	ess of Facility				wii, iib
m Edes	200		1 Stephen	my	enk	Lori 8728	ng Bye Liber	ers Funera	Randall	stown,		1133
		Ť	23a. Part1. Entar the disaase, or comshock, or heart tailure. List only	piications that cause	d tha daath. I	Do not enter th	e mode of dy	ing, such as cardiac	or raspiratory ar	rrast,		Approximate Interval Between
Physicia	an		,								i	Onset end Deeth
/Medic Examin		- 1	Immediate Cause (Final disease or condition resulting in death)	s. SE	EPS15						1	3 days.
FEW CO.	ē .	5		(3)		a consequen		7	_		i	1 -1- 1
pet List	Examiner			b		C RET		FAILURG	5		4	-ong stancil
8760, ata be axecuted hysician and the burlat-transit	X	5	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		_	a consequen					i	2 2 000
68760, ifficate be ave g physician a se the burial-			Cause (Disease or injury	c. G		BLEE		•			i	30145
58760, cata be a: physician a the buria	edical	2	rasulting in daath) Last		Dua to (or as	a consequent	ce of):				į	
. Box 68760, death certificate be assecut a attending physician and of for use as the bunal-fram	2		·	d	DAGU	LOPA	THY				i	3 DA45
dasti dasti	2	-	Part II. Other significant conditions of	contribution to death I	hut not reculting	a in the wader	Vina cause a	iven in Part I	23h Did	tobacco umo co	ntribute to	the cause of death
P.O.	by Physician/		_	BRILL AT		ig in the drider	lying causa g	worran range.		Yes 2 No		/
requii	eted		STATUS POST	AORTIC .	VALVE	REPL	ACEM	ENT	24a. Was perfo	an autopsy rmed?	av.	ere autopsy tindings allable prior to mpletion of cause death?
I Re law The law sata has	Comp		GENERALISED	ANAS	ARCA				101	Yes 2 No		Yes 208 No
Of Vital I Physician: The this cartificata	Be	3	25. Was case referred to medical examiner?						ath (Check only o	ona)		
of of others of this control of the other others of the other others of the other ot	2	2	1 ☐ Yes 2 ☑ No	Hospital:	ient 2 ER	/Outpatient 3	DOA O	ther: 4 Nursing H	lome 5 Resid	dence 6 Oth	er (Specif	y)
/ision Of Attending Physical Attending Physical Attention of the funeral of the f	ation:	2	27. Manner of Death 1 12 Neture 5 ☐ Pending 2 ☐ Accident investigatio	28c. Inju Wo VI 1	ury at ork?]Yes 2 ☐ No	28d. Dascribe h	how injury occur	red				
DIVISION AND A STREET OF THE S	Certification:		3 Suicida 6 Could not be determined	289. Place of in	jury - At home tc. (Specify)	, tarm, street,	tactory, office		28f. Location (S City or Tox	Street and Numl	ber or Rura	I Routa Number,
		29a. Certifier (Check only one) 29a Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and dua to the cause(s) and marrier of the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to and marrier of the best of my knowledge, deeth occurred at the time, date and placa, and dua to the cause(s) and marrier of the best of my knowledge, deeth occurred at the time, date and placa, and dua to the cause(s) and marrier of the best of my knowledge, deeth occurred at the time, date and placa, and dua to the cause(s) and marrier of the best of my knowledge, deeth occurred at the time, date and placa, and dua to the cause(s) and marrier of the best of my knowledge, deeth occurred at the time, date and placa, and dua to the cause(s) and marrier of the best of my knowledge, deeth occurred at the time, date and placa, and dua to the cause(s) and marrier of the best of my knowledge, deeth occurred at the time, date and placa, and dua to the cause(s) and marrier of the best of my knowledge, deeth occurred at the time, date and placa, and dua to the cause(s) and marrier of the best of my knowledge, deeth occurred at the time, date and placa, and dua to the cause(s) and marrier of the best of my knowledge, deeth occurred at the time, date and placa, and dua to the cause(s) and marrier of the best of my knowledge, deeth occurred at the time, date and placa, and dua to the cause(s) and marrier of the best of my knowledge, deeth occurred at the time, date and placa, and dua to the cause(s) and marrier of the best of my knowledge, deeth occurred at the time, date and placa, and dua to the cause(s) and dua to the cause(s) and dua to the cause(s) and dua to the cause(s) and dua to the cause(s) and dua to the cause(s) and dua to the cause(s) and dua to the cause(s) and dua to the cause(s) and dua to the cause(s) and dua to the cause(s) and dua to the cause(s) and dua to the cause(s) and dua to the cause(s)							tated			
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Hospita M hours Fumerial	Medica			and mannar s	tated.		29c. Lican	se number		29d. Date signe		
To the Hospital within 24 hours. To the Funatific completely filled			one)	and mannar s	tated.		29c. Lican	158 number 4429/2-8 540/				

State Registrar



BE COMPLETED BY FUNERAL DIRECTOR

2

BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED

BE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or flow 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR					MENTA	L HYGIEN		7 ()	23009
1. DECEDENT'S NAME (First	t, Middle, Last)						DEA		2. DATE	OF DEATH			3. TIME OF DEATH
JOHN	Ca1	vin				PO	TTER	?	AUGI			996	10:05 A. M
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs, les	st birthday)	IF UNDER		IF UNDE	•	7. DATE	OF BIRTH	<u>†</u>	8. BIRTHP	LACE (State or Foreign
212-05-2676		1X M 2 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	907	Per Per	nnsylvania
9a. FACILITY NAME (If not i	nstitution, give s	treet and number)			9b. CIT	, TOWN	OR LOCAT	ION OF D	EATH		9c. COUN	ITY OF DEA	ATH
Stella Maris	Hosp	ice				Tow	son				Ba	Itimo	re
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION					1	IOd. INSIDE CITY
MD	Balti	more		8	Baldy	vin							YES 2 NO
10e. STREET AND NUMBER	1					10	1. ZIP COD	E			10g. CITIZ	ZEN OF WH	IAT COUNTRY?
13328 Mano	r Rd.						21	013				USA	
11. MARITAL STATUS 1 Never Married 2 2 3 Wildowed 4 Div		FORCES? 1	TEVER IN U.S. AF XYES 2 NAR OR DATES	Ю	1 3	It yes, sp		en, Mexic	en, Puerto	N? (Specify Yea Ricen, etc.)	or No—	14. RACE - Black, Specify	American Indian, White, atc.
	CEDENT'S EDU		16a. DE	CEDENT'S	USUAL C	CCUPATI	ON asi of worki	ina	16	b. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (College (1-4 or 5	fide	. Do NOT us	se retired.)	Guing III	oal or work						
12		3	Ac	coun	tant					Utilit	ies		
17. FATHER'S NAME (First, I	,	ter							4	Middle, Maiden h Willia			
19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street	and Numbe	or Aural	Route Nur	nber, City or Tow	n, State, Zip	Code)	
J. Markwoo	od Har	p, Sr.		40	8 St	teve	nson	Lai	ne, E	alto.,	MD :	21204	
20a. METHOD OF DISPOSI 1 X Burial 2 Cremati 4 Donation 5 Othe	ion 3 🗆 Rem	oval from Stata	20b. PLACE cemetery. cre Dular	AND DATE (of Diseo	SITION (N	_{eme of}	8/1 rial	2/96 Gard	lers T	cation — (City or Tow	n, State MD
21. SIGNATURE OF FUNER	AL SERVICE U	$\mathcal{N}(V)$	ry							Home	monii	ım i	MD 21093
23. PART I. Enter the ahock or I	diceses, or haart fallure.		at devised the de	eath. Do (_							Approximate interval Between Onset and Death
disease or condition _ reaulting in death)	→	a. ACU	TE L			nik	7						4 mos
Sequantially list condi if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or Int that initiated events	ediate riNG	b	OR AS A CONSE	OUENCE O	F):						_		
resulting in death) LAS	ST	d.											
PART II. Other algnific	ant condition	na contributing to	daath but not	raaulting	in the u	ndarlyin	ig cause	given li	Pert I.	24a. WAS AN PERFOI 1 YES :	PMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
				. <u>.</u>						1	,		1 TYES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only o EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH HOSPITAL: 1 | Inpetient 2 | ER/Outpetient 3 | DOA

28a. DATE OF INJURY (Month, Day, Year)

OTHER:
4 Nursing Home 5 Residence

6Xi Other (Specify) Hospice 28c, INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 2 NO

2564

1 Natural
2 Accident 5 Pending Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office 3 Sulcide 6 Could not be determined 4 Homicide

29a. CERTIFIER
(Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner as stated.

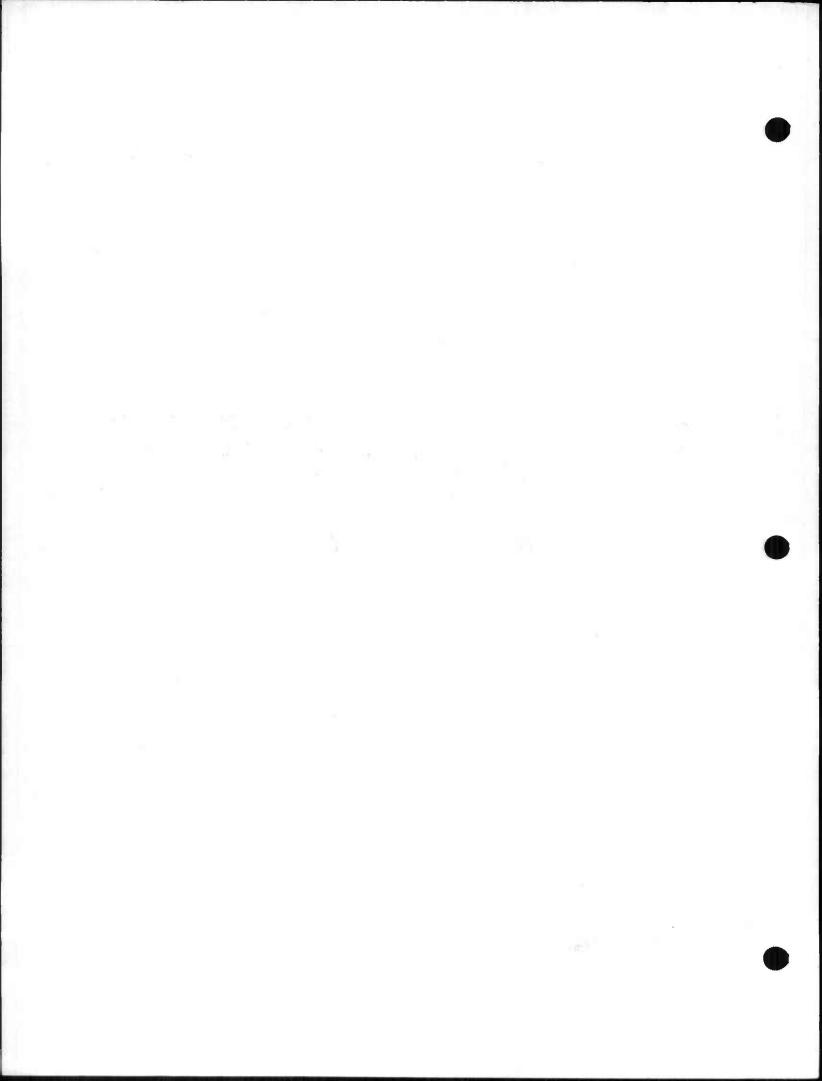
MEDICAL EXAMINER: On the basic of examination and/or investigation, in my contributions death occurred at the time, data and place, and due to the cause(s) and manner as stated.

LICENSE NUMBER 29d. DATE SIGNED (Month,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

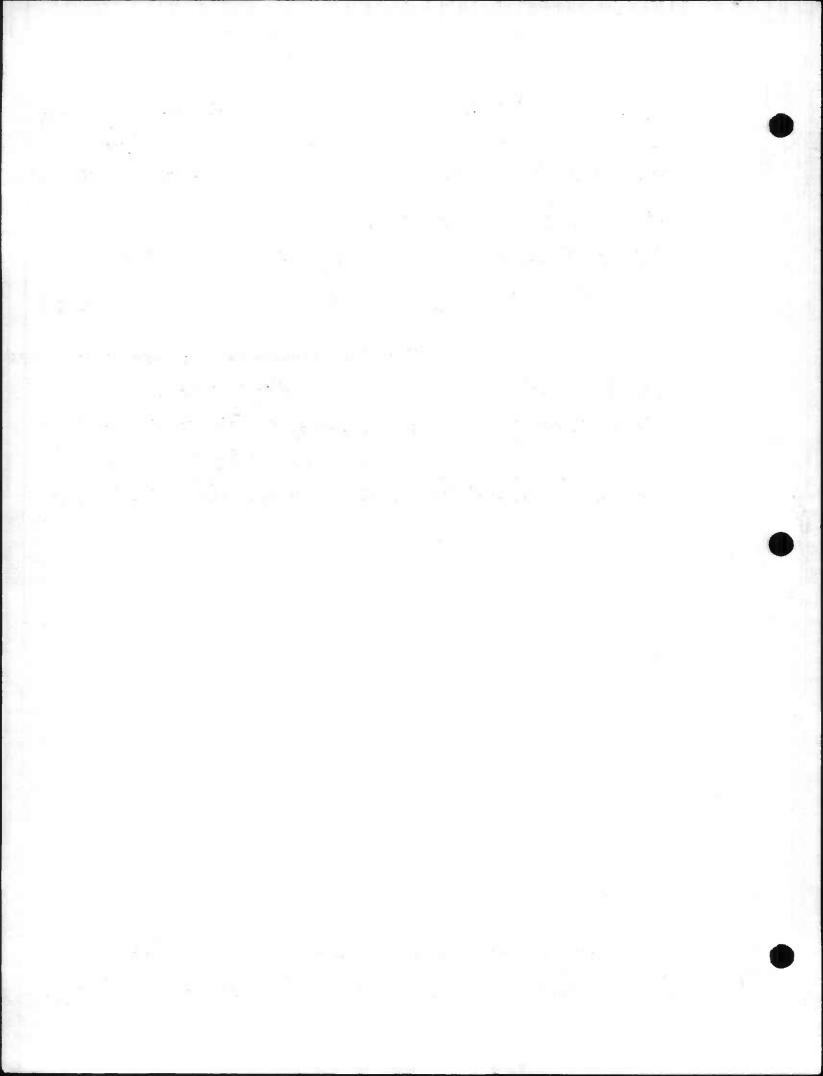
DR. KENDALL FAULKNER 2300 DULANEY VALLEY RD., TOWSON, MD 21204

31. DATE FILED (Month, Day, Year) AUG 0 9 1996 32. REGISTRAR'S SIGNATURE



State of Maryland / Department of Health and Mental Hygiene 96 236

						Certificate of	Death	R	leg. No.) 4	3610	1
	buoini		1. Decedent's Name (First, Middle, L.	ast)				2. Date of Dea Month		Year	3. Time of Dea	ath
	hysici/ Medic/	_	Tridrew J	Kuppalt				08	05	96	1616	
E	Examin	er	4e. Fe lility Neme (If not institution, gi				4b. City, Town, or I	ocation of Death	4c. County	of Death		
			Johns Hopkins Bay				Boltimor			119		
	ineral rector			Sex 1 M 2 □ F	n yrs. last bir	Yrs. Months Days		8. Dete of Birth Month, Day DEC. 4	1914	9. Birthple Count	ace (State or Fo	oreign
land	M H		10a. State 10b. County	10	c. City, Tow	n or Location				10	od. Inside City Li	.imita
Man	L Pag	ţ	MD. NI	7	BAL	TIMORE					1 Yes 2	□No
with the	n or 28a-f show be nottried at	Funeral Director	10e. Street and Number	2/11/6-		10f. Zip Code		1	0g. Citizen of V	What Count	ry?	
eath	na 23a	erai	632 S. J.A.	12. Was Decedent Eve	r in IIS		Hispanic Origin? (S)	pecify Ven or No-	14 Bec	e - America	n Indian	
aryland 21215-0020 should be filed within 72 hours after death with the Maryland nd Mental Hygiane.	al', or itema 23a or 28a-f sho Examinar must be notified at	by Fun	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 M Yes 2 □ No	UWI	13. Was Decedent of If Yes, specify Cu		Rican, etc.)	Specify Specify	ck, White, e	tc.	
21215-0020 d within 72 hours af glane.	netural,		15. Decedent's E	ducation		Decedent's Usual Occi	pation		16b. Kind of Bu	usiness/Ind	ustry	
215 Prin 7:	Medi	Be Completed	(Specify only highest gr Elementary/Secondery (0-12)	ade completed) College (1-4or 5+)		(Give kind of work don- life. DO NOT use retir	e during most of wor ed)	king				
21 ad with		Com	8		7	HEATER	MANAG	EL	DURKE	EK EL	TERPR	ises
D and	d oth		17. Father's Name (First, Middle, Last	0.			18. Mother's Nan	ne (First, Middle, I	Meiden Surnam	10)		
laryland 212 2 should be filed with and Mental Hygiane	arks ratic	2	MATIHEW	KUPPALT			MAR		FLER			
Maryland and 2 should be file	T is T		19a. Informant's Name/Relationship	(Type, Print)	19b	. Meiling Address (Street	et and Number or Ru		4			
or Health	ther	-	20a. Method of Disposition	7744	Ob. Placa of	Disposition (Name of	64/37.		206. Location -		ZZY	
altimore,	important: if item 27 is marked other than any injury or other traumatic event, the Maconds.		1 Buriel 2 Cremation 3 4 Donation 5 Other (Speci	Removei from Stete	PAR	y, crematory or other pl	CEM.	1996	BALTO.	ao.	MD.	
Baltim permit. Peg Department	any in		21. Signature of Egneral Service Lice	Shardo	h.	Hoffman	ress of Fecility	321 Bu	8 HUA 70-, M	16N 5	7.	
_			23e. Pert1. Enter the disease or con shock, or heart failure. List only	pplications that caused the	deeth. Do r	not enter the mode of dy	ring, auch as cardiac	or respiretory error	est,		Approximate Intervat Between	ND.
	ician										Onset and Deat	th
	dical niner	П	Immediate Ceuse (Finel disease or condition resulting in death)	8.	R	enal fail	re				1 da	10
		-	Toolalling in addition	Due	to (or as a	consequence of):						
per .	Insit	Examiner		b		P						
D,	lcian and burial-transit	Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	Due	to (or as a c	consequence of):						
68760, ficata be ex	physician s the buria	edical	thet initiated events	C	to (or as a c	consequenca of):						
X 68	0 6	-	resulting in death) Last	d	,					į		
Box	for use	Physician/										
P.O.	ed by the detached	ysi	Part II. Other significant conditions (contributing to death but no	ot resulting in	the underlying cause g	iven in Part I.				the cause of de	
That	o deta	by Pt	colon	Cancer				1 U Y	es 2 No	3 Prob	ably 4 20nk	nown
I Records, P.O. Box 68760, The law requires that the death certificate be executed	s been signed s should be det	Completed b		97				24e. Wes a perform	n autopsy med?	avai	re autopsy findir ilable prior to appletion of cause leath?	_
Re le le	page 2	E						1 🗆 Y	es 2 No		Yaa 2000	
a :		BeC	25. Was case referred to medical examiner?				26. Plece of Dee	th (Check only on			L	
V to	0 0	٥	1 Yes 2 No	Hospital: 1. Anpatient		tpatient 3□ DOA O	ther: 4 Nursing H	ome 5 Reside	ence 8 Oth	er (Specify)	
C 2	funeral	ö	27. Manner of Deeth 1 ☑Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Ye	28b. 1		ury at ork?	28d. Describe ho	ow injury occur	red		
Division of Attandir after death.	the	Certification:	2 Accident investigation 3 Suicide 6 Could not be		A) E = 40]Yes 2□No	204 Leasting (C)	to a set on all fills on h	and Direct	Clause Aleman	
Oiv A	in by	PITE	4 ☐ Homicide determined	building, etc. (S	pecify)	rm, street, factory, office		28f. Location (Si City or Town	n, State)	er or Hurai	Houte Number,	
Hospital or	100	S S	29a. Certifier 1 Certifying Pr	ysician: To the best of m	v knowledge	death occurred at the	time date and place	and due to the co	ause(s) and ma	nner as str	heter	
Ho Ho	eru	edlcai	(Check only 2 Medical Example)	niner: On the basis of exa end menner stated.	minetion en	Vor Investigation, in my	opinion, deeth occu	rred at the time, d	ate end place,	and due to	the cause(s)	
To the Hospital	completely filled in	M	29b. Signature end title of certifier			29c. Licer	nse number	2	9d. Date signe	d (Month, E	Day, Year)	
6			Timother	E. Hylar	170	N8	249		8/5	796		
,	12		30. Name and address of person who	completed cause of death	(Item 23e) (Type, Print)		1		1		
- /	UM	_		twent of ling	ery	Blaper 65	5 John 1	topkins 1	402/14/	Nh	DIR St	
р	Stat		31. Date filed (Month, Day, Year) AUG 0 9 1996	-62. Registrat	HOUSE.		/	,	, /	Balt	DIRST,	
н	legistra	ar	AUG 0 9 1996									



State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death

Physician /Medical **Examiner**

Funeral Director

the Maryland

Director p Completed

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Mayical Examiner must be notified at filed within I Hygiene. other than Pages 1 and 2 should be filed value to Health and Mental Hygie int: if item 27 Is marked other t permit. Pages 1 and 2 a Department of Health ar Important: if item 27 is any injury or other trau

Baltimore, Maryland 21215-0020

Box 68760,

P.O.

Records,

Division of Vital

Physician /Medical Examiner

certificate be executed pue -tren physiclan e for use es The law requires that the death ed by the e this certificate or Attending Physician: Certification: To To the Hospital or Attending Phy within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral is

State Registrar

1. Decedent's Name (First, Middla, Last) 2. Data of Deeth 3. Time of Deeth Elizabeth Ann Rader 1^{Dey} 1996 Month August 4, 10:45 AM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Baltimore City Johns Hopkins Bayview Geriatric Ctr. If Under 1 Year 5. Sociel Security Number If Undar 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer) May 6, 1908 9. Birthplace (State or Foraign Country) Maryland Months Deys 10 M 20 F 216-07-3802 Yrs 88 Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore City N/A Yes 2 No Maruland 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? United States 21224 344 South Newkirk Street 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yas 2 1 No If Yes, Give Yeer or Detes: Was Dacedent of Hispenic Orlgin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specity: White 31 Widowad 4 Divorced Decedent's Usuel Occupetion
 (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elemantery/Secondary (0-12) College (1-4or 5+) Retail Sales 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middla, Meiden Sumema) Catherine Nezler Frank Yeager 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Bel Air, Maryland 21015 1704 Globe Ct. Frederick Willey/Nephew 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriai 2XX remetion 3 ☐ Removel from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Hilltop Service Corp. 8/6/1996 Towson, Maryland 21. Signeture of Funda 22. Nama and Address of Fecility Duda-Ruck Funeral Home of Dundalk, 21222 7922 Wise Ave. Dundalk, Maryland Enter the diseesa, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrast, shock, or heart failura. List only ona ceusa on aach line. Approximate Intervel Betwaen Onset and Deeth Immediate Ceuse (Finel Dehyaration diseesa or condition resulting in deeth) weeks Due to (or es a consequence of) Examiner Anorexia and Failure to Eat months Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest years Infarct Dementia Physician/Medical Due to (or as a consequence of): Pert Ii. Other aignificant conditions contributing to death but not resulting in the undarlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2XXNo 3 Probably 4 Unknown Hypertension Be Completed by 24b. Were eutopsy findings available prior to 24e. Wes an autopsy Coronary Artery Disease completion of cause of deeth? 1 ☐ Yes 2X No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminar? 26. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4XI Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcida 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide edicai

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner es steted.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end menner steted. 29b. Signatura and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

Kuttner, m

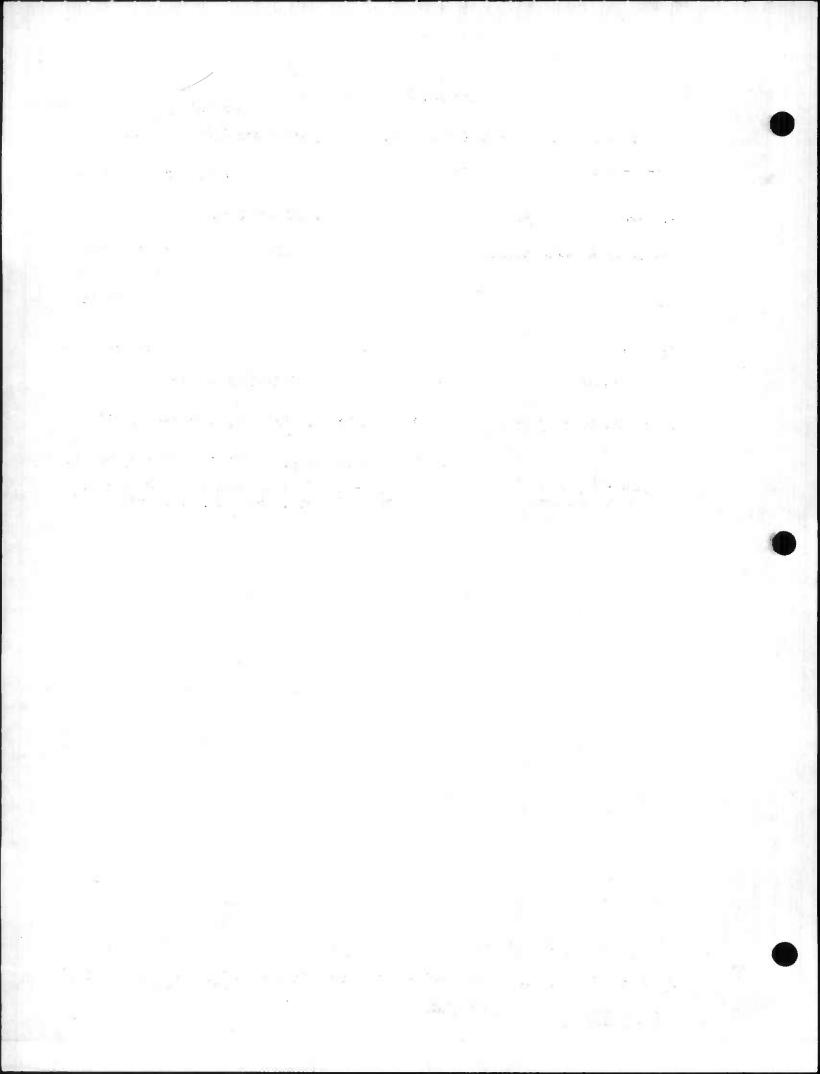
(Check only

0

30. Name end eddress of person who completed cause of deeth (item 23e) (Type, Print)

Hopkins Bayview Circle Baltimore, MD 21224 Cynthia Kuttner, M.D. Johns Hopkins Geriatric Ctr. 5505

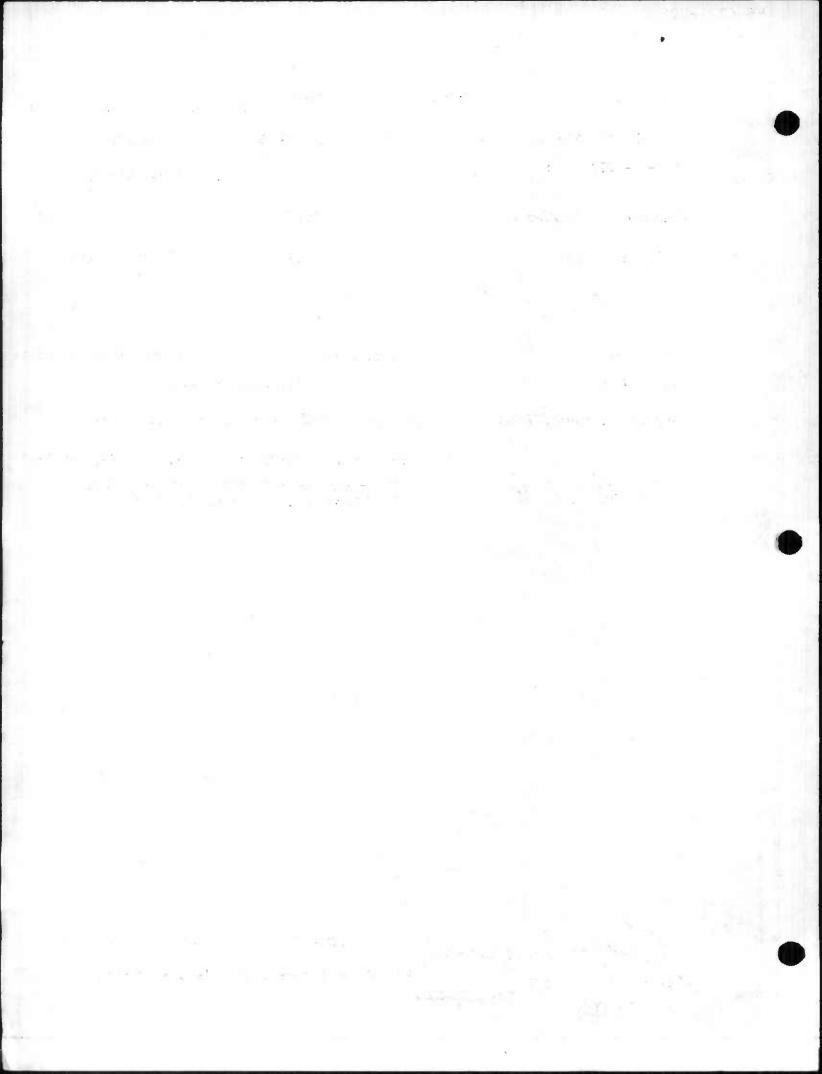
31. Dete filed (Month, Dey, Year) 32. Registrar's Signetur AUG 0 9 1996



State of Maryland / Department of Health and Mental Hygiene 96

23672

	Physic /Medi		Items: 23 part I,2		738 8/29/ ALBEF		tificate of	RHIN:	E	2. Date of Death Month AUGUST	Day	Year 1996	3. Time of Death	A
	Exami		4a. Facility Name (If not institution, 8003 STRAT)					4b. City, To		ocation of Death	4c. County			
	Funeral Director		220-58-2022	6. Sex 12 M 2 □ F	7. Age (In yrs. 42	last birthday) Yrs.	If Under 1 Yea Months Days		24 Hrs. Min.	8. Date of Birth (Month, Dey, Jan. 20	Year) ,1954	9. Birthpi Count Mary	ace (State or Fore (N) Land	ign
	build be filed within 72 hours after death with the Maryland Mental Hygiene. srked other than "natural", or flems 23s or 28s-1 show atto event, the Medical Exeminer must be neithed at	Director	Usual Residence of Decedent 10a. State 10b. County Maryland Bau	ltimore	10c. Ci	ity, Town or Lo	cation	Dundo	alk			10	0d. Inside City Limi	
	sath with the 23a or 2	eral Dire	10e. Street and Number 7917 Shore Reac				10f. Zip Code		222		-	ed Sta	ates	
020	s 1 and 2 should be filled within 72 hours after death with the Marylan f Health and Mental Hygiene. Item 27 Is marked other than "natural", or items 23s or 28s-1 show other traumatic event, in Medical Exercises must be notified as	by Funeral	11. Marital Status 1 Never Married 2 Marrie 3 Widowed 4 ZOvorced	Armed Fo	2 ☑ No ve		Vas Decedent of f Yes, specify Cu ☐ Yes 2☑ No		gin? (Spa , Puerto	ecity Yes or No- Rican, etc.)		ce - America ck, White, e y:		
15-0	"natur	Completed	15. Decedent's (Specify only highest	Education grade completed)		16e. Deced	lent's Usual Occu kind of work done OO NOT use retire	ipation during most	of work	ing 1	6b. Kind of B	usiness/Ind		
212	within liene. Then	omp	Elementary/Secondary (0-12)	College (1	1-4or 5+)		oo NOT use retir uck Driv				Hanae	r Mani	ufacturis	no
Maryland 21215-0020	Jid be filed Aental Hyg rked other tic event,	To Be C	17. Father's Name (First, Middle, L. Bernard Rhine	ast)		170	ace brace	18. Mothe		e (First, Middle, M	aiden Surnar		z que cu oci	19
	2 sho end is m		19a. Informant's Name/Relationshi Juanita P. Dava							al Route Number, alk, Mar		State, Zip		
altimore,			20e. Method of Disposition 1 Burlal 2 Cremation 3 4 Donation 5 Other (Spe	3 □ Removal from ecify)	State	cemetery, cren 2n Have	sition (Name of netory or other pl n Cemete	ry 8/		96		urnie	, Marylar	nd
Ball	permit. Pege Department of Important: If any Injury or once.		21. Signature of Funery Service Li	Censee		3B	Name and Add uda-Ruck 922 Wise	ess of Facility Fune	ral	Home of malk. M	Dundal	k, Ind	2.	
	Physician /Medical Examiner	ıer	Enter the disease, or conditions are the disease, or condition resulting in death)	nly one cause on e	RTROPHIC		OPATHY	ing, such as	cardiac d	or respiratory arres	st,	1 3	Approximate Interval Between Onset and Deeth	
Ċ,	ficete be executed physician and sthe buriel-transit	I Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b. —	Due to (c	or as a consequ	uence of):				4,8=			
0x 68/60,	requires that the death certificate be executed teen signed by the ettending physician and hould be deteched for use as the bunel-transit	n/Medical	that initiated events resulting in death) Last	d	Due to (o	or as a consequ	uenca of):							
). Bo	e death the ette	Physician	Part II. Other significant condition	a contributing to de	eath but not res	sulting In the un	derlying cause g	iven in Part I.		23b. Did tob	acco uae co	ntribute to	the cause of deat	h?
7.0	that the	by Phy								1 Tyes	2 □ No	3 Prob	ably 4及Unkno	wn
Hecords,	- D 0	Completed b								24a. Was an perform		com	e autopsy findings lable prior to pletion of cause eath?	;
	The ate h	Com								1月 X Yes	2 🗆 No		Yes 2□ No	
VII	Physician: The	o Be	25. Was case referred to medical examiner?	Hospital:			_ 0	her		(Check only one				
	D P		27. Menner of Death Natural 5 Pending 2 Accident investiga	172 Yes 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 7. Menner of Death 28a. Date of Injury (Month, Day Year) 1. Day Year) 28c. Injury at Work?								er <i>(Specity)</i> red		
DIVISION	To the Hospital or Attendit within 24 hours after deeth. To the Funeral Director: A completely filled in by the fu	Certification:	3 Suicide 6 Could no determin	et, factory, offica	1 ☐ Yes 2 ☐ No 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)									
	n 24 hours n 24 hours ne Funeral	Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, end due to the cause (Checker Medical Examiner: On the basis of examinetton and/or investigation, in my opinion, death occurred at the time, date and manner stated.								use(s) end me e and pteca,	se(s) end menner es steted. and pleca, end due to the cause(s)			
	To the To the comp	M	29b. Signature and title of certifier	lund	elly	0	0.0	29c. License number O.C.M.E 29d. Date signed (Month, Day, Year) AUGUST 02, 1996						
8			30. Name and address of person with Juffer Locke		e of death (Item	n 23e) (Type, F	l Penn	Stree	et,	Baltimo	ore, l	Maryl	and 212	20
	Sta Registr		31. Date filed (Month, Day, Year)	C 2 TENTE	DOLL NOOD	-0-0								



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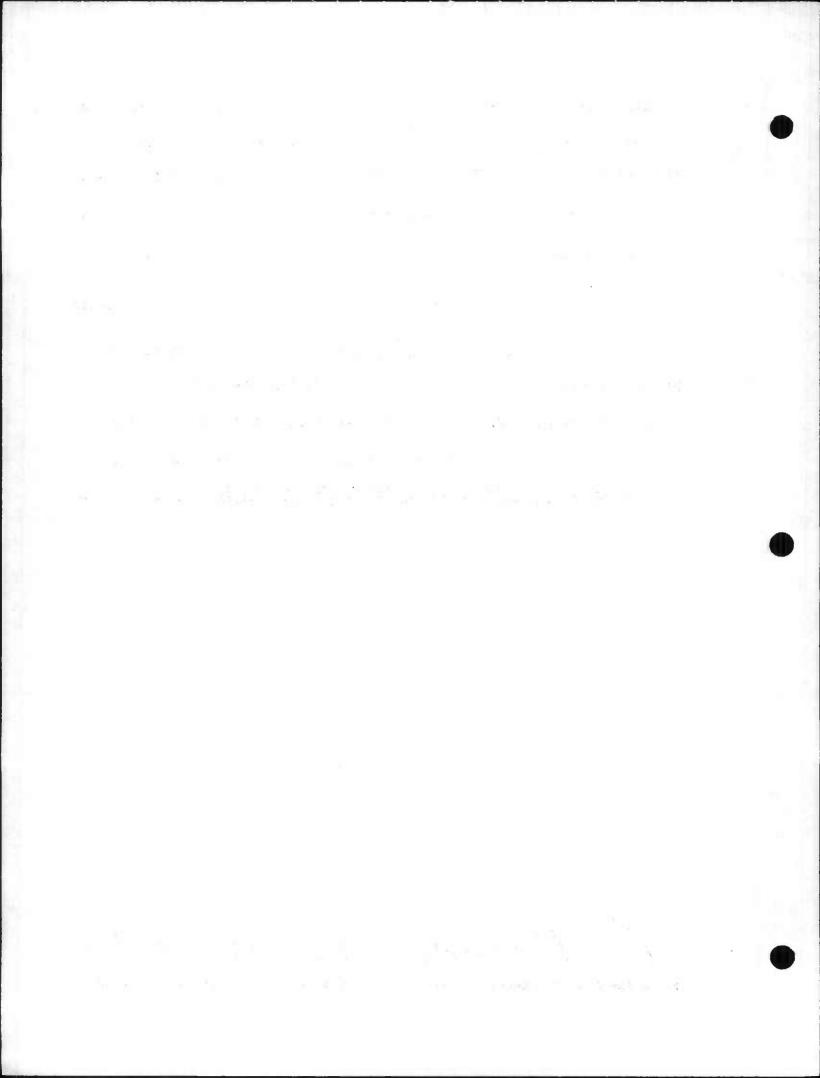
100			Decedent's Name (First, Middle, L.)	ast)	Ce	rtificate of	Death	2. Date of De	Reg. No.	0 2	3. Time of Deeth
	Physic		KENNETH	F	CO	ימשלון זעי	EDC CD	Month	Day	Yeer	
9	/Medi		4e. Fecility Name (If not institution, g	ive street and number	SC	HLUDERE	BERG SR. 4b. City, Town, or L	AUGUS	. 1	996	11:31P.
	Exami	ner	1305 PONTIAC						h 4c. County	y or Deeth	
					e (In yrs. last birthdey)	If Under 1 Year	BALTIMOI		4		
	Funeral Director		216-78-8789	1 ☐ MM 2 ☐ F	35 Yrs.	Months Days		8. Date of Bir (Month, Da		9. Birthpla Country	ce (Stete or Foreign y)
pue	3		Usual Residence of Decedent 10a. State 10b. County		10c. City, Town or Lo	ocation					
Maryla	a or 28a-f show be notified at	tor	MD		BALTIMO					100	d. Inside City Limits 1√2 Yes 2 □ No
th the	N 28	Director	10e. Street end Number			10f. Zip Code			10g. Citizen of	What Country	y?
h wit	na 23a c	a D	2804 MAULDIN AVI	3.		2123	0		U.S	7	
dea	Heme Car	Funeral	11. Maritei Status	12. Was Decedent	Ever in U,S. 13.		Hispenic Origin? (Sp en, Mexican, Puerto	ecify Yes or No	- 14. Rac	e - American	
5-0020 72 hours after death with the Maryland	6 E	by Fu	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 X Divorcad	Armed Forces? 1 X Yes 2 If Yes, Give Year or Detest-	9 JUN 25	1 ☐ Yes 2√ No		Hican, etc.)		ck, White, et WHIT	
Maryland 21215-0020 nd 2 should be filed within 72 hours af	"natural",		15. Decedent's I	ducation	16a. Dece	dent's Usual Occu	pation		16b. Kind of B		
vithin 7		Completed	(Specify only highest g Elementary/Secondary (0-12)	rade com <i>pleted)</i> College (1-4or	(Give	kind of work done DO NOT use retire	during most of work	ing			,
N P	or than	TO.	10	0011090 (1 401	,	LIFT OP	ERATOR		WAREHO	OUSE	
be filed	other vent, p	Be (17. Father's Name (First, Middle, Les	t)			18. Mother's Nam-	e (First, Middle,			
arylan should be	them 27 is marked other than other traumatic event, train	To	GORDON MACE SCHI	UDERBERG			FLORA MAI	RGARET	ZENTGRAI	7	
2 she	Is mail		19a. Informant's Name/Relationship		19b. Maili	ng Address (Street	end Number or Run	al Route Numb	er, City or Town,	State, Zip C	ode)
and	n 27		RICHARD SCHLUDERE	BERG BROI	HER 1130	W. CROS	S ST., BA	LTIMORE	, MD 212	230	
balltimore,	Important: If item 27 is any injury or other tra		20a. Method of Disposition 1 XBurial 2 ☐ Cremation 3 i	Demoval from State	20b. Plece of Dispo cametery, cres	osition (Name of metory or other pla	ce)	Date	20c. Location -	City or Town	n, State
Pages	ury o		4 □ Donation 5 □ Other (Spec		LOUDON P	שמא	0	-10-96	BALTIM	ODE CI	TV
Dall permit.	Import any Inj once.		21. Signature of Funeral Service Lice	nsee ^	22	2. Name and Addre	acc of English		. FINK I		
D 82	5 = 9 9		1 260 JEn	()	4	26 CRATN	HWY., S.V				21061
1	377		23a. Part1. Enter the Basese, or co- shock, or heart failure. List on	pication, that caused						A	Approximate
Phy	/sician		answer, or resert tandes. Class on	July se dil each	10.						nterval Between Onset and Death
	ledical		Immediate Cause (Final disease or condition	Ho	anging						
EX	aminer		resulting in deeth)	a	Due to (o) es e consec	quence of):					
77	N	ine.									
Boute	and Hhans	Examiner	Sequentially list conditions,	D	Due to (or as a consec	quenca of):					
ilicate be exe	ician and burial-tra		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events							1	
ficate be es	5.6	edical	thet initiated events resulting in death) Last	0.	Due to (or as a conseq	uenca of):					
	(3) - FE	-		d							
9	attendin for use	Physician/N									
5 8	ched	ıysi	Part II. Other significant conditions	contributing to death b	at not resulting in the u	nderlying cause giv	ven In Part I.	23b. Dld	tobacco use co	ntributa to ti	he cause of death?
1	detac							10	Yes 2 No	3 Probal	bly Unknow
ne law requires t	og p	d by						24a Was	an autopsy	24h Were	autopsy findings
3 2	ppon s	Completed							med?	evelle	eble prior to pletion of cause
9 9	ate has page 2	E.								of de	ath?
# H	cate			,				101	res 25No	101	Yes 2□ No
iclar	TR CLO	o Be	25. Was case referred to medical examiner?	Hospitel:		oth Oth	26. Place of Death				
1	1 de 10	-	XX es 2 No 27. Manner of Death	1 ☐ Inpatie	nt 2 ER/Outpatlen y 26b. Time of	I SLI DOA	4 LI Nursing Ho		dence 6 Oth		
E .	Atte	tion	1 ☐ Netural 5 ☐ Pending	(Month) Day		Wo	rk? Yes 2⊠No	1.	hanged		
0	y the	ica	35 Suicide 6 □ Could not t	8 -5-7	6 2305 iry - At home, farm, str	1		201 Location /	Street and Numb	ar ar Dural F	Pouto Mumber
10	Dire	Certification:	4 ☐ Homicide determined	building, etc	. (Specify)	ml		City or Tov	vn, State) 1305	Pontiac	Aue
lefter our	Funeral stety filled		29a. Certifier 1□ Certifying Pl	veicien: To the best of			ma data and stone	Baltin			
Hos 24 h	Pun etsiy	Medical		niner: On the basis of and manner sta	f my knowledge, death examination end/or inv ted.	estigation, in my o	plnion, death occurr	ed at the time,	date and placa,	and due to th	e cause(s)
To the	To the comple	ž	29b. Signeture end title of certifier	10.1		29c. Licens	e number		29d. Date signe	d (Month, De	y, Year)
- 5	-0			0 100 1	1 3						
1	5	-	30. Name and address of pares who	accomplanted assessed	noth (Itom 22a) (To		.C.M.E.	I	AUGUST	6,19	96
- 3	/		30. Name and eddress of person who	La 113			treet, E	altimo	ore. Ma	arvla	nd 2120
	Sta	0	31. Date filed (Month, Day, Year)	32. Registra	r's Signature	0					
	عاد Registra		ALIG On 1000		dson-Randell						
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State of Maryland / Department of Health and Mental Hygiene

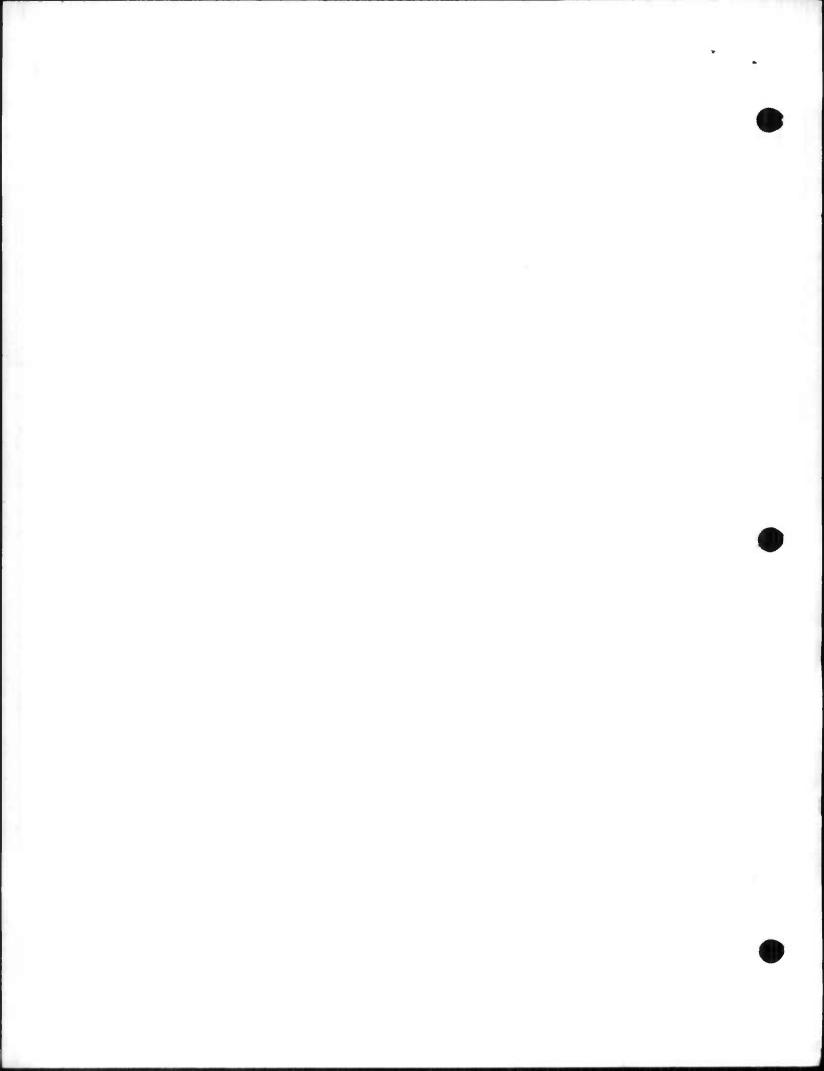
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						Ce	rtificate	of	Death			Reg. No.		L00/7								
	Dhusia	ion	1. Decedent's Neme (First, Middle,								2. Dete of D		Yeer	3. Time of Death								
Ų,	Physic /Medi		WIBEIMI MICHMED SACHDERS						AUGÜ					8:25 A.M								
	Exami	ner	4a. Facility Neme (If not institution,	4b. City, Town, or Location of Deeth 4c. County of D																		
			524 OVERDALE RO				1 1011	Į.	BALTIMO			N/A										
	Funeral Director		5. Social Security Number 216-20-8142 Usual Residence of Decedent	.Sex 1∭,M 2□F	7. Age (In yr.	s. last birthdey Yrs.		Yeer Deys	If Under 2 Hours	Min.	8. Dete of B (Month, D SEPT - 1	irth Pey, Year) 5,1925	9. Birthi Coul BAL	plece (Stete or Foreign ntry) TO., MD								
	we wo		10a. State 10b. County		10c. (City, Town or L	ocation							10d. Inside City Limits								
	with the Merylen a or 28a-f show be notified at	to	MD N/A			BALTIM	ORE					₩ Yes 2□										
5-0020	or 28	Director	10e. Street end Number				10f. Zip C	code				10g. Citizen of	What Cou	ntry?								
	ath wi		524 OVERDALE ROA	AD				212	229			U.S.A	Α.									
	Nems Nems	Funeral	11. Meritel Stetus	12. Wes Dec	edent Ever in orces?	U,S. 13.	13. Wes Decedent of Hispenic Origin? (Spelf Yes, specify Cuben, Mexican, Puerto 1 ☐ Yes 2 ☒ No Specify:			In? (Spe	cify Yes or N	lo- 14. Re	ce - Americk, White,	can Indien,								
0050	ours efte	by	1 Never Merried 2 Never Merried 3 Widowed 4 Divorced	1 Nes If Yes, Gi Yeer or D	2 No						Specify:			WHITE								
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nore, M	d 2 shuth and 7 is m		19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stell							, Stete, Zip 21229	Code)											
	eges ent of ht: If h		20e. Method of Disposition 1		Stete	Pleca of Disponentery, cre ESAPEAK	metory or oth	er pie	,	8	Dete /8/96	20c. Location BELTSV										
Balti	pemit. Pe Departmer Important: any Injury		21. Signeture of Funeral Service Lice	• •	Rans	A HU	2. Neme end	FUI	VERAL 1	HOME	, INC.	MORE, MD	21	229								
	_		23a. Part1 Fuller the disease, or co shoot, or heart feilure. List or	mplications that	caused the de	,							21	Approximete								
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	e	myo	(Ard)	ial	4			on			Interval Between Onset end Death								
	be sit	in e		b	Serc	re (000	wa	J. C	his	ease		i	10409								
30,	rificete be executed ng physician and es the burial-transit	Medical Examiner	Medical	Medical	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury		Due to	(or es a conse	quence of):	10	nind	lent	- Di	beles		10 900						
68760,	E 00				Medica	Medica	Medica	Medica	Wedica	Medica	Medica	Medica	Medica	Medica	thet initieted events resulting in deeth) Lest Due to (or es a consected to the consected							
Вох	deeth ce e attendi	lan																				
	the a	Phy	/slc	/slc	Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cau								o the cause of death?									
P.O.	that the led by th detech											Yes 2 No	3 □ Pro	bably 4 Unknow								
rds,	v requires that the deeth ce been signed by the attendit should be deteched for usa	ed by										s an autopsy	24b. W	ere eutopsy findings								
Records,	2 8 9	Completed									pen	iormed?	CO	railable prior to empletion of cause death?								
ī-	The Coate he										10	Yes 2010	1[☐ Yes 2☐ No								
₹,	1 10	Be	25. Wes case referred to medical axaminer?	Hospitel:				Oth		of Deeth	(Check only	one)										
21	新	. To	1 ☐ Yes 2 No 27. Menner of Death	10		28b. Time of			4 LI Nur	-		how Injury occur		<i>y</i>)								
0	Alle de	tlon	1 Neturel 5 □ Pending		of Injury th, Day Year)	Injury	M 200	Wor			ou. Describe	riow injury occur	rea									
Divisio	f or Atten after deal Director: d in by the	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined 4 Homicide 28e. Plece of Injury - At home, ferm, solubliding, etc. (Specify)								8t. Location (Street and Number or Rural Route Number, City or Town, Stete)											
_	the Hospital hin 24 hours the Funeral C	edicai Ce	(Check only Medical Ex	miner: On the b	esis of examin	owledge, deet etion and/or in	h occurred at	the tir	ne, dete end	plece, a	nd due to the	e cause(s) end m	anner as s	tated.								
	To the within 2 To the comple	Med	29b. Signeture and title of certifier	end men	ner steted.	/	r investigation, in my opinion, death occurred at the tim 29c. License number					29d. Dete signed (Month, Day, Year)										
	6		1	/00	mp	bysices	en]	>	29	76	9	8/	8/	76								
	IVA		DR. MARCELLINO (m 23a) (Type, 16 N.		G R	OAD -	CAT	ONSVIL	LE, MD	212	28								
	Sta Registr		31. Dete filed (Month, Dey, Year) AUG 0 0 1	996 32.8	legistrar's Sign	eture	2.00°			-												
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		1 - FOR STATE OF MARYLAI REGISTRAR	ND / DEPARTMENT OF H CERTIFICATE OF	IEALTH AND N	MENTAL HYGIENE REG. NO.							
		1. DECEDENT'S HAME (First, Middle, Lest) . Shiple	W.		2. DATE OF DEATH MONTH DAY 16	YEAR 2. 15 PM						
		4. SOCIAL SECURITY HUMBER 5. SEX 6. AGE (In)	yrs lest birthday) IF UNDER 1 YEAR YRS. MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	(Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) Maryland						
3 should	Œ	So. FACILITY NAME (I not institution, give street and number) EVEROFEEN DURSING + Rehab		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
1, 2,	ЕСТОЯ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCAT		, mu N/							
permit. Pages	DIR	Maryland N/A	Baltimo	re		10d. IHSIDE CITY LIMITS? 1 YES 2 HO						
13st	FUNERAL	2525 W. Belnedere	avenue 101.	21215	Unite	ed States						
ND 21213-U020 hospital or attending physician. ached for use as the burial-transit ce.	BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 K HO If yes, spe	ENDEHT OF HISPANI ecity Cuben, Mexican 2 M NO Specify:	, Puerto Rican, atc.)	14. RACE — American Indian, Black, White, etc. Specify: White						
or attend	TED	(Specify only highest grade completed)	8e. DECEDENT'S USUAL, OCCUPATIO (Give kind of work done during mos life, Do NOT use retired.)	DH st of working	16b. KIHD OF BUSINESS/IHDU							
AND A he hospital of detached for once.	COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) 6th grade	General Labore	r	Various Co	mpanies						
be der	111	17. FATHER'S HAME (First, Middle, Last) Grover Shipley		The state of the s	ME (First, Middle, Melden Surneme) Sidney Paynter							
retain 5 sho	TO B	190. INFORMANT'S HAME (Type/Print) Mr. Leonard Shipley	19b. MAILING ADDRESS (Street of 2518 Urmston	nd Number or Rural R	oute Number, City or Town, State, Zip (Code) +5011						
. Page 6 may be ral director, page		20s, METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Removal from State ognete	LACE AHDDATE OF DISPOSITION (Nat ery, crematory or other place) OVIDENCE CEMETE	me of	DATE 20c. LOCATION C							
Page dire		4 Donetion 5 Other (Specify) Pro	22. NAME AN	D ADDRESS OF FAC	ILITY	Maryland						
		Burrier-Queen Funeral Directors, P.A.21784 1212 W. Old Liberty Road Winfield, MD										
ted within 24 hours after completely filled in by the ial, cremation, or removal; event, the medical		23. PADT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause of sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
g = 0 ed	NO											
rior in	RTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted eventa resulting in death) LAST										
th certification of Hygier	CERTIF											
by the of Injury	AL.	PART II. Other eignificant conditions contributing to death but	not resulting in the underlying	cause given in F	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO						
# 8 # 8	MEDIC	- Conciona H	Protter		1 □ YES 2 🕅 NO	OF DEATH?						
has Dep	SICIAN: 1	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YES NO	UNCERTAIN		10.120 1						
- # # B	IYSIC	EXAMINER? 1 YES 2 TO Input lent 2 ER/Outpat le	ent 3 DOA 4 Hursing Home	5 - Residence 8								
DING PHYSI After this c death with	ВУ РНУ	27. MANNER OF DEATH 1 Setural 5 Pending 2 Accident Investigation	28b. TIME OF UNDER WOR 1 YES	JRY AT PK? ES 2 HO	28d. DESCRIBE HOW INJURY OCCURED							
TTENDI TOR: A after da	8	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street, fectory, office		281. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,						
SEE 5	COMPLET	29e. CERTIFIER (Check only nove) 2 MEDICAL EXAMIHER: On the basic of examination and										
THE HAM	BE C	29b. SIGNATURE AHD WITE OF CENTURES		29c. LICEHSE NUME	BER 29d. DATE	DOMED (Menth, Day, Year)						
PART	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	100	10 PI	BOLTO MD	16/76						
		31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIGNATU	838 beento	ee 14	BALTO MD	21201						
		AUG 0 9 1996 grantavidson-R	incom									



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	is certificate has been signed by the attending physician and completely filled in by the funeral director	The State Dept., of Health and Mental Hygiene prior to burial, cremation, or removal.
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	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIEN REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	~				2. DATE OF DEATH MONTH DA	AY YEAR	3. TIME OF DEATH				
	Mary M.	Sulliva	2			80	08 1990	8:20 A"				
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign untry)				
	026-05-6188	1 🗆 M 2 💢 F	84 YRS.	MONTHS DAYS	HOURS MIN.	9.4.1	1 000	assichusetts				
	9a. FACILITY NAME (If not institution, give s	treet end number)	-30	9b. CITY, TOWN	OR LOCATION OF DE	ATN ,	9c. COUNTY O					
OR	Maryland Manor	onvalescent	Conter	Glen	Rurnia		Anne Arundel					
DIRECTOR	RESIDENCE OF DECEDENT				000-1116		Time I was a st					
2	10s. STATE 10b. COUNTY	*		TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?				
		ARUNDEL		LEN BU	RNIE		1 YES 2 NO					
FUNERAL	10e. STREET AND NUMBER			10	I. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?				
ÿ	7575 E	AST HOWARI	O RD		21060		US	A				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 2 YE	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	NC ORIGIN? (Specify Yes	or No- 14. R/	ACE — American Indian, lack, White, atc.				
ВУ	1 Never Married 2 Married **Midowed 4 Divorced	IF YES, GIVE WAR OR		1 TYES	2 NA Specify	n, Puerto Hicen, etc.)		pecify:				
		<u> </u>	1					WHITE				
TED	15. DECEDENT'S EDU- (Specify only highest grade	completed)	(Give kind of	Work done during me	ON ost of working	16b. KIND OF BUS	SINESS/INDUSTRY	Υ				
빌	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u			CLOTE	UTNC					
COMPLET	10		I HATT	ER								
	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden						
BE	JOHN	N	MELLO		ANNA	AGU						
9	19a. INFORMANT'S NAME (Type/Print)	T T T T T T T T T T T T T T T T T T T				Route Number, City or Town						
	ROGER SULLIVAN SON 2355 MAYTIME DR. GAMBRILLS MD 21054											
	20a. METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other piece) 20c. LOCATION — City or Town, State											
8	4 Donation 5 Other (Specify)		METRO C	REMATO			ALTIMO	RE MD.				
	22. NAME AND ADDRESS OF FACILITY HARDESTY FUNERAL HOME P.A.											
	Oats 1	11011		851	ANNAPOL	IS RD. GA	ME P.A AMBRIL	LS MD 21054				
	23. PART I. Enter the diseases, or o	omplicatione thet ceus	sed the deeth. Do					Approximate				
	enock, or heart fellure. List only one ceuse on each line.											
	disease or condition Dry L. Lie Condition Completed											
	resulting in death)	DUE TO (OR A!	2011	mennes								
z		, athero	sclonot	2 10	rowark	antony	1:000	several				
ERTIFICATION	Sequentisity list conditions, If sny, lesding to immediate DUE TO (OR AS A CONSEQUENCE OF):											
8	cause. Enter UNDERLYING CAUSE (Disease or Injury											
E	that initiated events	DUE TO (OR AS	DUE TO (OR AS A CONSEQUENCE OF):									
	resulting in deeth) LAST	d										
2	PART II. Other eignificant condition	e contributing to deeth	but not regulting	in the underlyin	o cause given in	Pert I. 24a. WAS AN	AUTOREV	24b. WERE AUTOPSY FINDINGS				
8					g dados given in	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
						1 YES 2	NO	OF DEATH?				
Σ	DID TOP ACCOUNT CONTE	DIDLITE TO CALLE	05.05.4511		1			1 TYES 2 NO				
AN	DID TOBACCO USE CONTI	SIBUTE TO CAUSE			UNCERTAIN	<u> </u>						
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	26. PLACE OF DEA	OTHER:								
ΥS	1 YES 2 NO 27. MANNER OF DEATN	1 Inpetiant 2 ER/O		4 Nursing Non	e 5 Residence		Other (Specify)					
	1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year		JURY WO	URY AT	28d. DEŞCRIBE NOW II	NJURY OCCURED					
B	2 Accident Investigation	20- 21-05-05-11-11			YES 2 NO							
	3 Suicide 8 Could not be 4 Nomicide gletarmined	building, atc. (S)	RY — At home, term, pecify)	street, factory, offic	•	281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,				
Щ												
COMPLET		CIAN: To the best of my kno										
ŏ	2 MEDICAL EXAMINE	R: On the basis of examinet	tion and/or investigation	on, in my opinion, d	leath occured at the	time, data and placa, an	d due to the caue	e(s) and manner as stated.				
BE C	SIGNATURE AND TITLE OF CERTIFIEF	1 4			29c. LICENSE NUM	IBER	BER 29d. DATE SIGNED (Month, Day, Year)					
0 8	Juny &. X	santel ~	n.D.		D291	767	108	-08-96				
\succeq	TO MAKE AND PROPER OF DEPRON WAY	O COMPLETED CALIFFOR	DEATH STEAM OF ST	# 1 at			-					

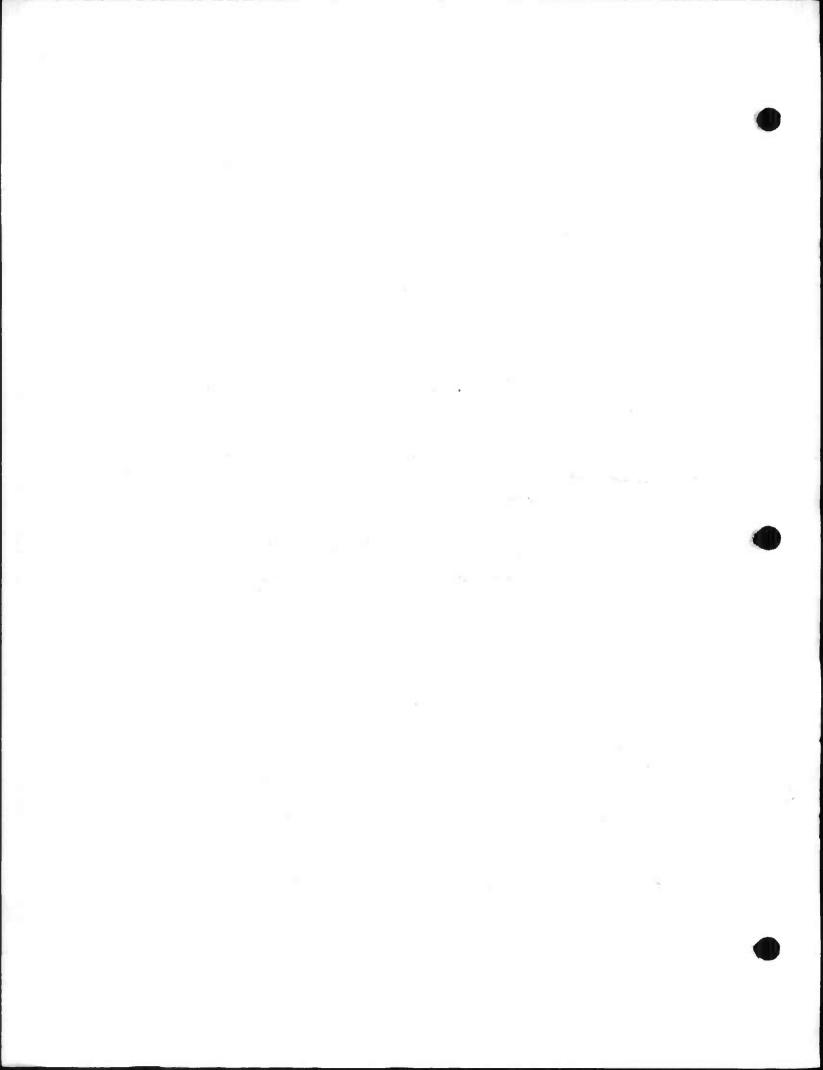
DEATH (ITEM 27) (Type, Print)

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32. DEGISTRAR'S SIGNATUR

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DHMH-18 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Date of Death 3. Time | Death AUgust 06 1996 rances 8:45 Pm aROL 4b. City, Town, or Location of Daath 4a. Facility Name (If not institution, giva street and numb 4c. County of Death Good Samaritan Hospital Towson Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)

Min. March 25 1942 7. Aga (In yrs. last birthday) If Under 1 Yaar Montha Days 5. Social Security Number 6. Sex Birthplace (State or Foraign Country) 1 ☐ M 2 1 F Yrs. 212-42-4789 54 Maryland Usual Residence of Decedant 10b. County 10c. City, Town or Location 10d. Inside Clty Limits tXXYes 2 No Baltimore n/a 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1328 Silverthorne Road 21239 USA 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, White, etc. 1 ☐ Navar Married 2 Married 1 ☐ Yes 2 🕱 No If Yas, Give Year or Datas: 1 □ Yea 2 No 3 ☐ Widowed 4 ☐ Divorced Black 16a. Decedant's Usuai Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Richcroft Agency Mental Health Counselor 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surnama) James Parker Mary Green 19a. Informant's Name/Raiationship (Type, Print) daughter 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joy Spratley Wynn 8281 Vosges Road Baltimore, Maryland 21244 20a. Nethod of Disposition

1 Burial 2 Cramation 3 Ramoval from State 20b. Place of Disposition (Name of cemetery, cramatory or other place) 20c. Location - City or Town, Stata 4 □ Donation 5 □ Other (Specify) Dulaney Valley Cemetery Aug 10 Towson, Maryland 21. Signature of Funeral Septice Licensee 22. Name and Addrass of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Ex Baltimore, Maryland 21216 23a. Part1. Enter the disease, or compilications that daused the death. Do not anter the mode of dylng, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Subarach noidal Kemorrheu Immediate Causa (Final disease or condition resulting In death) Due to (or aa a consequance of). Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 2 No 1 ☐ Yas 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 inpatient 2 ER/Outpatient 3□ DOA 28d. Dascribe how Injury occurred

Physician /Medical

Physician

/Medical

Examiner

10a. State

Director

Funeral

by

Completed

Be 2

Funeral

Director

ir than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

other than

permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked othe any Injury or other traumatic avant, once.

traumatic avant,

the Maryland

filed within 72 hours after death Hygiene.

Baltimore, Maryland 21215-0020

Examiner death certificate be executed the burial-transit and physician Box 68760,

attending 0 ed by the detached signed by to peen page 2 s certificate director this funeral After

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Division of Vital Recor

The law or Attanding Physician death. Director: A To the Hospital or Atta within 24 hours after de To the Funeral Directo completely filled in by th

Physician/Medical Examiner þ Completed Be P Certification:

25. Was case referred to medical examinar? 1 Yas 2 No 27. Manner of Death 1 Natural 2 ☐ Accident 3 ☐ Sulcide

29b. Signature and title of certified

4 Homicide

29a. Certifier

Medical

5 Pending Investigation 6 Could not be datarmined

28a. Date of Injury (Month, Day Year)

28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

28c. Injury at Work? 1 Yes 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 12 Certifying Physician: To the bast of my knowledge, death occurred at the tima, date and place, and due to the cause(s) and manner as atated.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

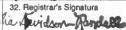
29d. Data signed (Month, Day, Year) AUGUSTO 6, 1996

fesa of person who completed cause of death (Item 23a) (Type, Print)

GOOD SAMARITAN OL M.0

31. Date flied (Month, Day, Year) State

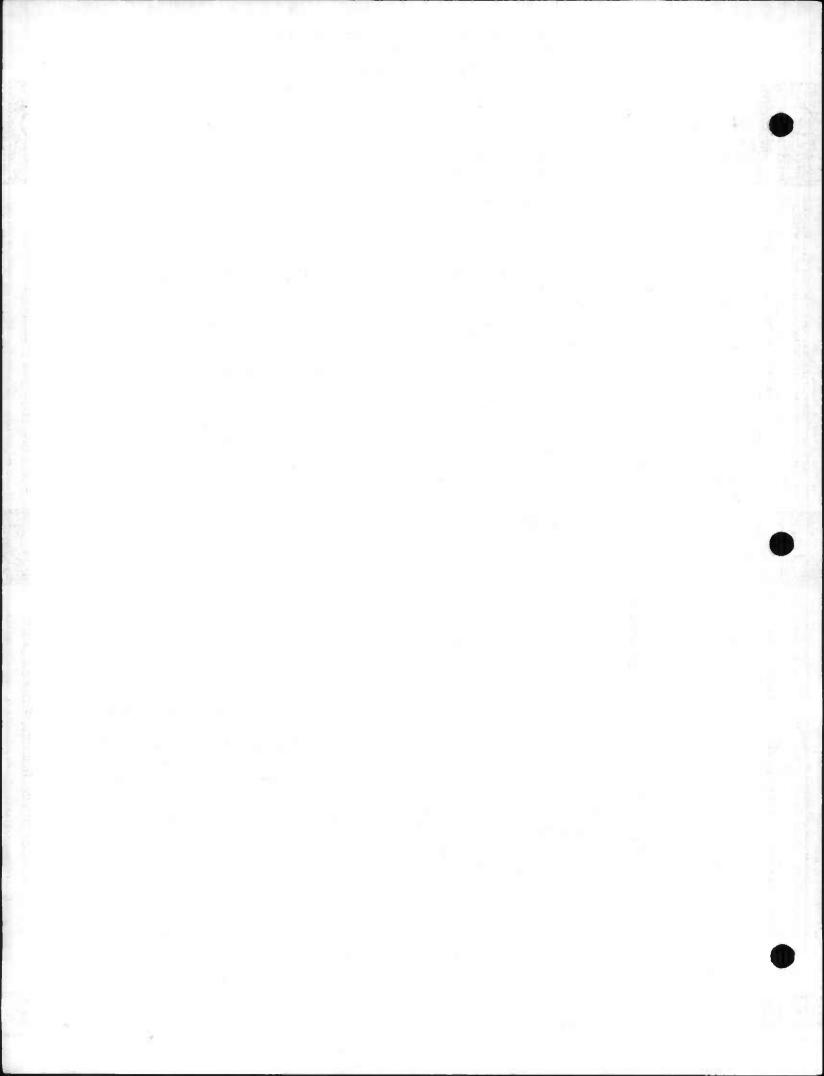
AUG 0 9 1996



Registrar

			State of M	laryland / Depa Cer	artment of F rtificate of		ental Hy	rgiene 9 6	23678	
		75	Decedant's Nama (First, Middle, Last)				2. Data of Da	aath	3. Tima of Death	
	Physic		John & Street				July	24th 1951	9 48 pm	
	/Medi Examir		4e. Facility Name (If not institution, give street and number	r)		4b. City, Town, or Lo	-	- 1//		
	LAdiiii	iei	1 . 1./ 1/ 0:			Baltimo	00.	N	14	
	Funcial			Age (In yrs. last birthdey)	If Under 1 Year	If Under 24 Hrs.		m 9 8	thplaca (Stata or Foreign	
	Funeral Director		212-03-3276 IMM 20 F	GA) Yrs.	Months Days	Hours Min.	B. Date of Bi	2 you gov NE	aminy Can like	
L.,	Director		Usual Residence of Decedant	10			142111	4,10010	THE CHRITISH	
	B 18		10a. State 10b. County	10g Billy, Town or Loc	cation				10d. Insida City Limits	
	£ 5 9	ò	NH	DAHIN	1200				Yes 2□No	
-	28	Director	10e. Street and Number.	9111111	10f. Zlp Coda			10- 00		
1	8 8		1/12 St Stantan	1	101. 21p Coda	1-7		10g. Citizen of Whet C	ountry?	
4	23	rai	1613 UI. SIEPHERS	57	$ \alpha $			40		
4	etter benth with the Maryla or Items 23a or 25a-f show uniner must be notified at	Funeral	11. Maritel Status 12. Was Decedar Armed Forces	:2. if	Was Decedent of his Yes, specify Cub.	lispanic Origin? (Spe an, Maxican, Puarto I	cify Yas or N Rican, atc.)	0- 14. Rece - Ame Black, Whi		
2 1	8		1 Never Merried 2 Married 1 Yas 2 If Yas, Giva	1	Yas 21 No	Specify:		Specify 2	1. 1	
5-0020	F. F.	d by	3 Widowed 4 □ Divorced Yaar or Datas	:				D/	ACK	
5	a de di	Completed	15. Decedant'a Education (Specify only highast grade completed)	16a. Deced	lant's Usual Occup	oation during most of worki	nα	16b. Kind of Business	/Industry	
2121	F 8 6	du	Elemantary/Secondery (0-12) College (1-4or	lifa. Ja	O NOT use retire	d)		10	- 1	
d 21	Hygior ther th	S	/2		OOK			road of	evice	
Pu	- 0 2	Be	17. Father's Nama (First, Middle, Last)			18. Mothar's Nama	(First, Middle	Maiden Symeme)		
E 1	Menta Menta	To	HIBERT STREET			11/46	2U t	DNOS		
and a	and N	-	19a Informant'a Name/Ralationship (Type, Print)	19b_Mailip	g Address /Street	and Member of Rues	Foute Numb	per, City or Town, Stata,	Zip (code)	
2 ;	alth ar 27 is ar frau		DAN Thamsen	340	76 Du	1Cipl Au	b. 20	Himpo M	12/215	
ø :	5 E E	-	20a. Mathod of Disposition	20b Place of Dispos	sition (Name of	FIELD	Bate /	20 Location / City or	Town. State	
more	5 = 5		1 Buriel 2 ☐ Cremetion 3 ☐ Ramoval from State		nastry or other tha	00)	Vanh	(1) 14.	1	
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<u>a</u>	Depart mport any inj		21. Signeture of Funeral Sarvice Licensea	7 22	Name and Addin	as of Facility	2	1721	2	
ш ;	8 2 2 6 2		Munerel J Kol	/ 2	letal by	1. LODA	PPILL	P N MI	INPORT	
	15-3	0	Z3a. Part 1. Entar the disease, or complications that cause	ad tha daath. Do not ante	ar the moda of dyli	ng, such as cardiac o	r raspiratory	errest,	Approximata Intarval Between	
	hysician		ahock, or heert failura. List only one cause on each	lina.					Onsat and Death	
	/Medical		Immediata Causa (Final	. +		1				
	xaminer		disease or condition a	cute care	diac i	arrest				
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8760,	Abysiclan and the bunal-transit	xan	Sequentially list conditions,	uance of):						
8760,	clan ourie									
376	hysic the tr	dical	that initiated eventa rasulting in death) Last	Due to (or es a consequ	uance of):					
9	0.8	Je Je								
Вох	attending p	2	d						i	
. 7	d for	Physician/Me	Part II. Other significant conditions contributing to death	but not reculting in the us	on in Red I	22h Did	tohecoo use contribut	e to the cause of death?		
0	ned by the a	hys	to the segment of the control of the	Dut not resolving in the un	idenying cadsa git	on all all s.				
	X 5	2	Chronic obstructure jul	monary di.	sease		1	1188 2LING 3LIP	Probably 42 Unknown	
g 1	been signe should be	d by	deculiti - sacrol	/			24a Was	s an autopsy 24b.	Wara autonsy findings	
5/	hod	ete	deculati - sacrol	Ho Syph	11/115		perf	ormed?	Wara autopsy findings evailable prior to completion of cause	
	60 CA	Completed		•					of death?	
<u> </u>	pag	Ö	Caroled Stenosis	malow to	nhon		10	Yas 20 No	1 Yas 2 No	
of Vital R	s certificate ha director, page	Be	25. Was casa refarred to medical axaminar?			26. Place of Death	(Check only	one)		
		2	1 Yes 2 No Hospital:	tient 2 ER/Outpatient	t 3 DOA Oth	ner: 4 Nursing Hor	ne 5□ Ras	idence 6 Othar (Spe	ecify)	
0	h. After this funeral di		27. Manner of Death 28a. Data of In	jury 28b. Time of	28c. injui Wo			how injury occurred		
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- 5			29a. Cartifiar 17 Certifying Physician: To the bes	4 of m b						
T C	within 24 hours after To the Funeral Dire completely filled in b	edical	(Check only 2 Medical Examiner: On the basis	of axamination and/or Inv	occurred at tha tir rastigation, in my c	ma, data and placa, a ppinion, daath occurre	ing gua to the ed at tha tima	cause(s) and mannar a , date and place, and du	s atated. a to tha cause(s)	
4	the upper	Med	and marrier c	дацеб.	00-41	a aumb -		and Date des 4 44	th Day Veed	
P	1 0 00 V		29b. Signatura end title of certifiar		29c. Licens			29d. Data algned (Mon	in, Day, Year)	
			Consule Alva	Jan.	D:	14907		July 2	4th 1996	
			30. Name and addrass of person who completed cause of	death (ttem 23a) (Type, I	Print)	0 1 1		1	3 (20	
			2434 W. Befred	ere Are	6	3olav,	mp	21215		
	Sta	te	31. Data filed (Month, Day, Year) 32. Regis	trar's Signature						
	Registr		MIG O 0 1006 Julia Fre	idson-Randelle						

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 23679 Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day 1996 2, Aug. Theodore Scharf 6:00PM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth 7407 Goettner Road Kingsville Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Feb. 13, 1927 7. Age (In yrs. last birthdey) If Under 1 Yeer Birthplace (Stete or Foreign Country) Months Deys 10 M 20 F 69 Baltimore, Md. Usuei Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Kingsville Baltimore 10f. Zip Code 10g. Citizen of Whet Country? 7407 Goettner Road 21087 U.S.A. 12. Wes Decedent Ever In U.S. Armed Forces? 1 (X) Yes 2 □ No If Yes, Give Year or Dates: 1945–1946 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Rece - American Indian Black, White, etc. 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 No Specify: Specify: 3 Nidowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Electrician Enterprise Electric 17. Father'a Name (First, Middle, Last) 18. Mother'a Name (First, Middle, Maiden Sumame) Frederick Otto Scharf Rose Bretzl 19a. Informant'a Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Cynthia A. Scharf (Daughter) 7407 Goettner Road Kingsville, Maryland 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20c. Location - City or Town, Stete 1 Buriai 2 Cremation 3 Removal from Stete Moreland Cemetery Aug. 6, 1996 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility E.F.Lassahn Funeral Home 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximately a specific control of the con Approximate Interval Between Onset end Death SMAN CEN LANG CANCER 8 MONTHS Due to (or as a consequence of) Due to (or as a consequence of). Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death?

Physiclan /Medical Examiner

certificata be axecuted

Vital Records, P.O. Box 68760,

Physician

/Medical

Examiner

Funeral

Director

r then "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after of Department of Haalth and Mantal Hygiena. Important: If Nem 27 is marked other than "natural", or the important: If Nem 27 is marked other than "natural", or the any Injury or other traumatic event, the Madical Examinations.

altimore, Maryland 21215-0020

death with the Maryland

5. Social Security Number

10e. Stete

Maryland

11 Marital Status

10e. Street end Number

20a. Method of Disposition

Immediate Cause (Final disease or condition resulting in death)

Directo

Funerai

à

Completed

220-24-5269

the burial-transit attending physician for use as the buria signed b peen certificate has director. HIS

Examiner Physician/Medical ş Completed Be 2 Certification:

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

3 Probably 4 Unknown 1 Yee 2 No

MI HYSEMA

24b. Were eutopsy findings evailable prior to completion of cause of death? 24e. Was an autopsy performed? 1 Tyes 2 No

1 ☐ Yes 2 ☐ No

25. Was case referred to medical examiner? 1 Yes 2 No 27. Menner of Deeth

5 Pending Investigation

1 Naturai

2 ☐ Accident

3 ☐ Suicide

(Check only

28a. Dete of Injury (Month, Day Year)

1 Inpatient 2 ER/Outpatient 3 DOA 28c. Injury at Work? 28b. Time of

Other: 4 Nursing Home 5 Presidence 6 Other (Specify) 28d. Describe how injury occurred

1 ☐ Yes 2 ☐ No 28e. Place of fnjury - At home, farm, street, factory, office building, etc. (Specify)

6 Could not be determined 4 Homicide

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29b. Signifure and title of certified

31. Dete filed (Month, Day, Year)

1 Cortifying Physician: To the best of my knowledge, death occurred at the time, dete and placa, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and menner steted. 29d. Dete signed (Month, Day, Year) 29c. License number

26. Place of Death (Check only one)

30. Name and address of parson who completed cause of death (Item 23a) (Type, Print) EDWANDY,

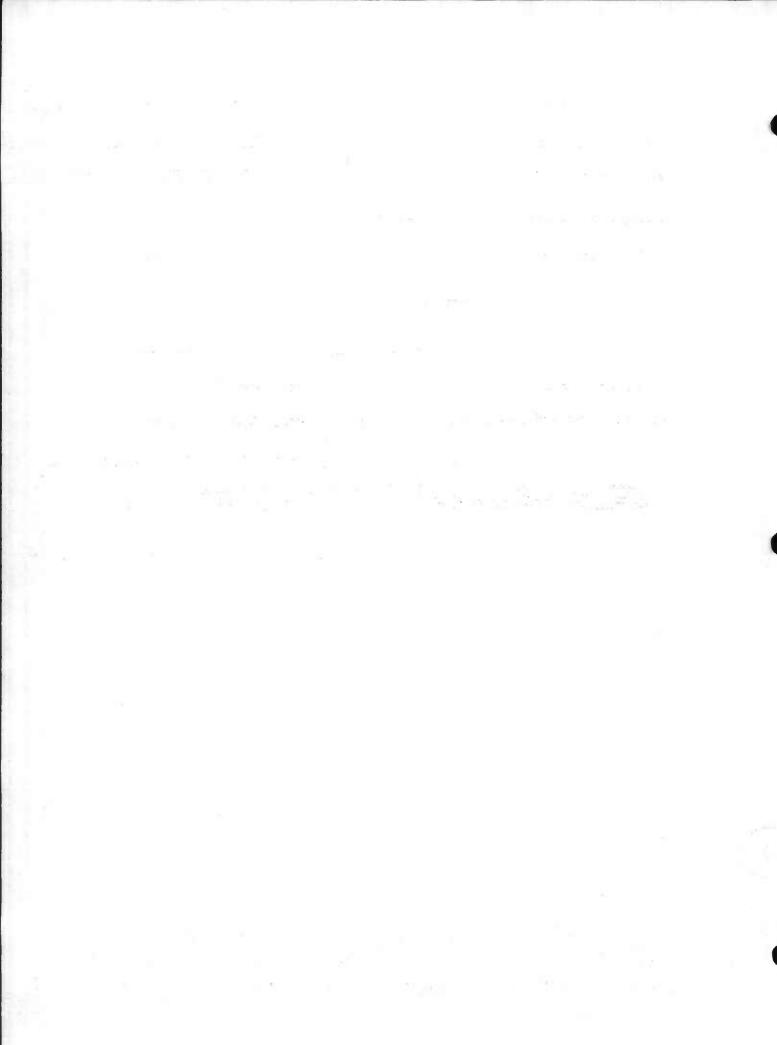
State Registrar

Medical

P2. Registrar Bignature

24 hours

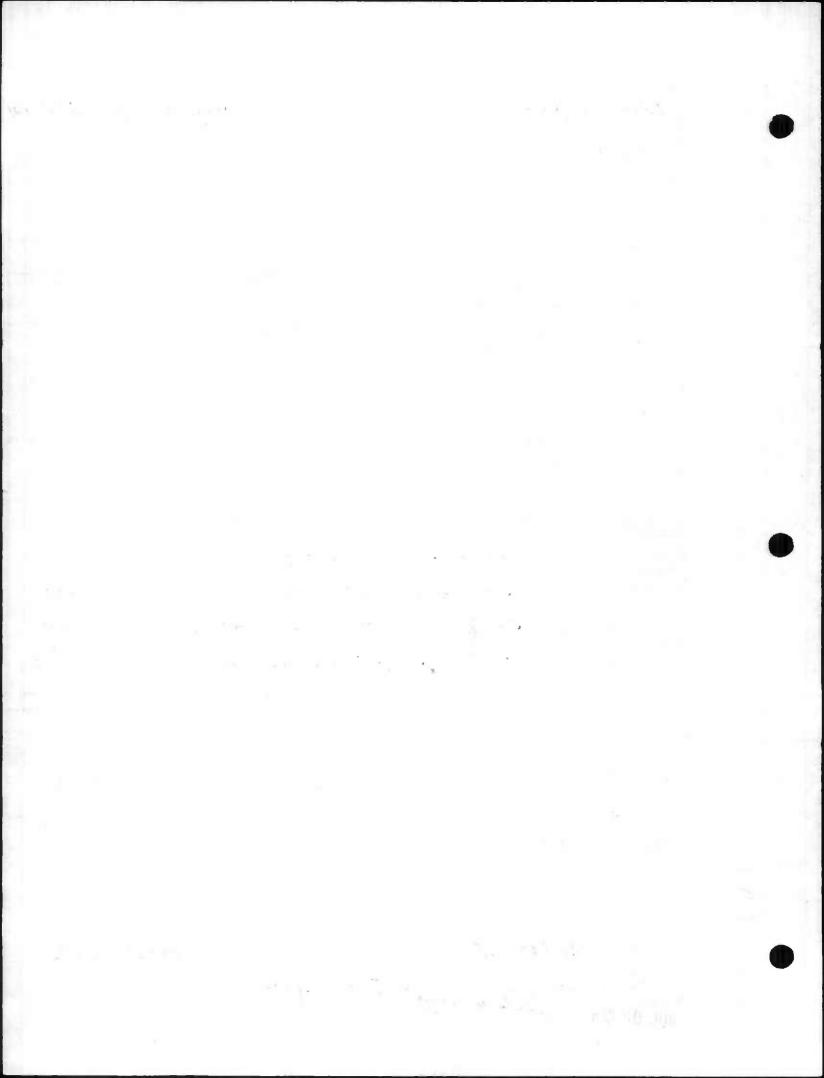
To the Hosp within 24 hor To the Fune completaly fi



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 2 3 6 8 0

						Ce	rtificate o	f Death		Reg. No.															
Physicia		1. Decedent's Name (First, Mi			2. Dete of De Month	Deeth Day Yaer		3. Tima of Death																	
Physicia /Medic		Leona C. S./ber						Aug		\$ 2															
Examin		4a. Facility Nema (If not institu SINAI HOSPITA		e <i>street</i> en <i>d</i> nur	n <i>ber)</i>			4b. City, Town, BA	h 4c. County of Deeth N/A/																
Funeral Director		5. Sociel Sacurity Number 217–16–6991 Usuel Residence of Decedent	6. S	ex □M 2√xF	7. Age (In yrs. I	est birthdey) Yrs.	If Under 1 Yas Months Day		in. (Month, De	th by, Year) 3, 1923		laca (Stata or Foreigr try) ARYLAND													
show	_	10a. Stete 10b. Cou		t mtwode		, Town or Le		MODE			1	0d. fnside City Limits													
the Maryte 28a-f shor	Director	MD	BA	LTIMORE			BALTI				10 . 0														
E 0 E		10e. Street and Number 10f. Zip Code 7942 STEVENSON ROAD 2					21208		U.S	0g. Citizen of Whet Country? U.S.A.															
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DEND		SAMUEL L. SIL	BER	- HUSBA	ND	7942	STEVENS	ON ROAD	BALTIMOR	RE, MD	21208	3													
8027		20e. Method of Disposition 1X Burial 2 ☐ Cremetic 4 ☐ Donetion 5 ☐ Other			21616		netory or other p		Dete	20c. Location															
permit. Pag Department Important: h any injury o		4 Donellon 5 Other (Specify) BETH EL MEMORIAL PRK 8/5/96 RANDALLSTOWN, MD 21. Signeture of Funarai Sarvice Licensaa 22. Name and Addrass of Facility Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208																							
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that hed by deta										_ 10	Yes 20 No	3 Proi	bebly 4 Unknow												
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Funeral Director		5. Social Security Number 219–22–4892 Usual Residence of Decedent	7. Ag	ge (In yrs. last I 88	Yrs. If Und Month	er 1 Year s Days	If Under 24 Hr Hours Min		, Yeer) , 1908	9. Birthpi Count POLAI	ece (Stete or Fo try) ND	
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28a-f show	Director		I/A		E	BALTI	MORE				1 X Yes 2	
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rai", or items 23a or 28a-f shore Examiner, must be notified at	by Funeral	11. Maritel Status 1 Never Merried 2 Married 3 Widowed 4 Divorcad	12. Wes Decedent Armed Forces 1 Yes 2 If Yes, Give Year or Dates:			edent of I ecify Cub	Hispenic Orlgin? (an, Mexican, Pus Specify:	Specify Yes or No- rto Rican, etc.)		ce - America ck, White, e y: WHI	etc.	
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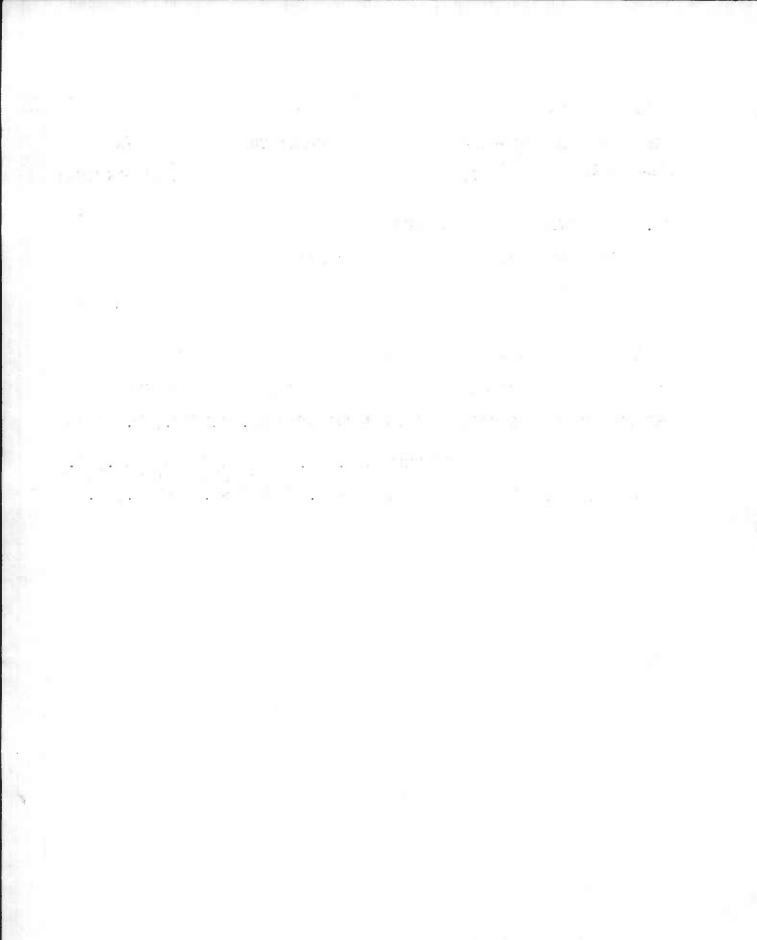
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N	/Medi Examir		4e. Fecility Neme (If not institution, giv.	e street and number)		1//	4b. City, Town, o	r Location of Death			777				
	LAGITIII	ici	JOSEPH RITCHII	E HOSPICE			BALTIMO	RF.		I/A					
Г	Funeral		5. Social Security Number 6. S	ex 7. Age (In yrs. I	last birthday)	If Under 1 Y Months D		S. 8. Date of Birt			State or Foreign				
ı	Director		210-30-9103	□м 202 79 .	Yrs.	MONITIS	ays riodia ivii	5 1		VIRGIN	IA				
	and *		Usual Residence of Decedent 10a. State 10b. County	10c. City	, Town or Loca	ation				10d In	side City Limits				
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	the 128	Director	MD N/A 10e. Street and Number	LBAL	TIMORI	10f. Zip Co	ode		10g. Citizen of	What Country?					
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	ter deatl	Funeral	11. Maritai Status	12. Was Decedent Ever in U, Armed Forces?	S. 13. W		t of Hispanic Origin? (Cuban, Mexican, Pue	Specify Yes or No-		a - American In	dian,				
0	or the		1 ☐ Never Married 2 ☐ Married	1 Yes 2 No		Tes, specily		rto rucan, etc.)		ck, White, etc.					
21215-0020	72 hours naturef', olcal Exp	d by	3 XWidowed 4 □ Divorced	Yeer or Dates:			open,		Specify	BLACK					
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Maryland	SPEE		19a. Informant's Name/Relationship (Rural Route Numbe			9)								
	1 and 2 Health a em 27 le		PHYLLIS REESE (DAUGHTER) 3301 BARRINGTON RD. BALTIO., MD. 21												
ore	t of He If Item or oth		20a. Method of Disposition	Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State											
Baltimore,	T = BB			ARBUTUS MEM. PK. 8/10/96 BALTIO., MD.											
Sali	Departm Importa- any inju		22. Name and Address of Fecility PHILLIPS FUNERAL HOME 1721-27 N. MONROE ST. BALTIO., MD. 21217												
	20 E • 0		Wareta De	colo CFSP 4 3	28/ 1/2	21-27	N. MONR	OE ST.	BALTIO	.,MD.	21217				
	Physician /Medical Examiner		23a. Part1. Enter the disease, or com shock, or heart fallure. List only Immediate Cause (Finel disease or condition resulting in death)	a. Congest Due to (or			. 0		1001,	Inter	oximate val Between et and Death				
	P ≈	ne.		o. Chronic	reno		Pailure			44.0	wither-				
	ate be executed hysician and the burial-transit	Examiner	Sequentially list conditions,	Due to (or	as a consequ		at that we				year 9				
60,	clan a		if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	and Ische	emic	hea	nt dis	ease		ma	ntus-				
38760,	ate thys	dical	that initiated events resulting in death) Last		es e conseque	ence of):				i i	years				
Box 6	the death certifics by the attending places as the	Physician/Me		· Diabete	5					m	onths years				
-	seath of for	Iclai	Part II. Other significant conditions or	patributing to death but not reco	uting in the unc	locking and	a ships in Bart I	22h Did	obsess use se	ntribute to the	U				
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	8 5 5	by F	Colon	cancer	<u> </u>										
of Vital Records,	v requires that been signed b should be deta								an autopsy med?	avaliable	topsy findings prior to				
ecc	¥ 82 C	Completed								of death	ion of cause ?				
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Vita	delan: The certificate rector, par	Be	25. Was case referred to medical examiner?	Manufal.				eath (Check only o	ne)						
of	Physician: r this certific ral director,	٦.	1 ☐ Yes 2 12 No 27. Manner of Death	Hospitai: 1 ☐ Inpatient 2 ☐ I	ER/Outpatient 28b. Time of	3□ DOA		Home 5 ☐ Resid		ner (Specify)	Lospice				
	Inding Info	tlon	1 ☑Natural 5 ☐ Pending	(Month, Day Year)	Injury	М 200.	Injury at Work? 1 ☐ Yes 2 ☐ No	200. Describe i	iow injury occur	160					
Division	205	Certification:	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined					28f. Location (S City or Tox		ber or Rural Rou	te Number,				
4	To the Hombial or within 24 hours illustrated to the Funeral Direct completely filled in by	edical Ce	29a. Certifier 1 Certifying Phr (Check only one) 2 Medical Exam	ysician: To the best of my know iner: On the basis of exeminati	vledge, death o	occurred at the	he time, date and pla- my opinion, death oc	ce, and due to the curred at the time,	cauae(s) and madate and place,	anner as staled. and due to the d	cause(s)				
	ro the rithin ? ro the comple	Mec	29b. Signature and title of certifier	and manner stated.		29c. Li	cense number	T	29d. Date signe	d (Month, Day,	Year)				
	F 5 F 8			eula M.D.			05055			4 - 96					
	4		30. Name and eddress of person who		23a) (Type, P										

Alice B. Heisler M.D. 630 w. Fayette St. Baltimore, Md. 21201 31. Date filed (Month, Day, Year) Julia Day Hegistra Styrature AUG 09 1996 Julia Day Human

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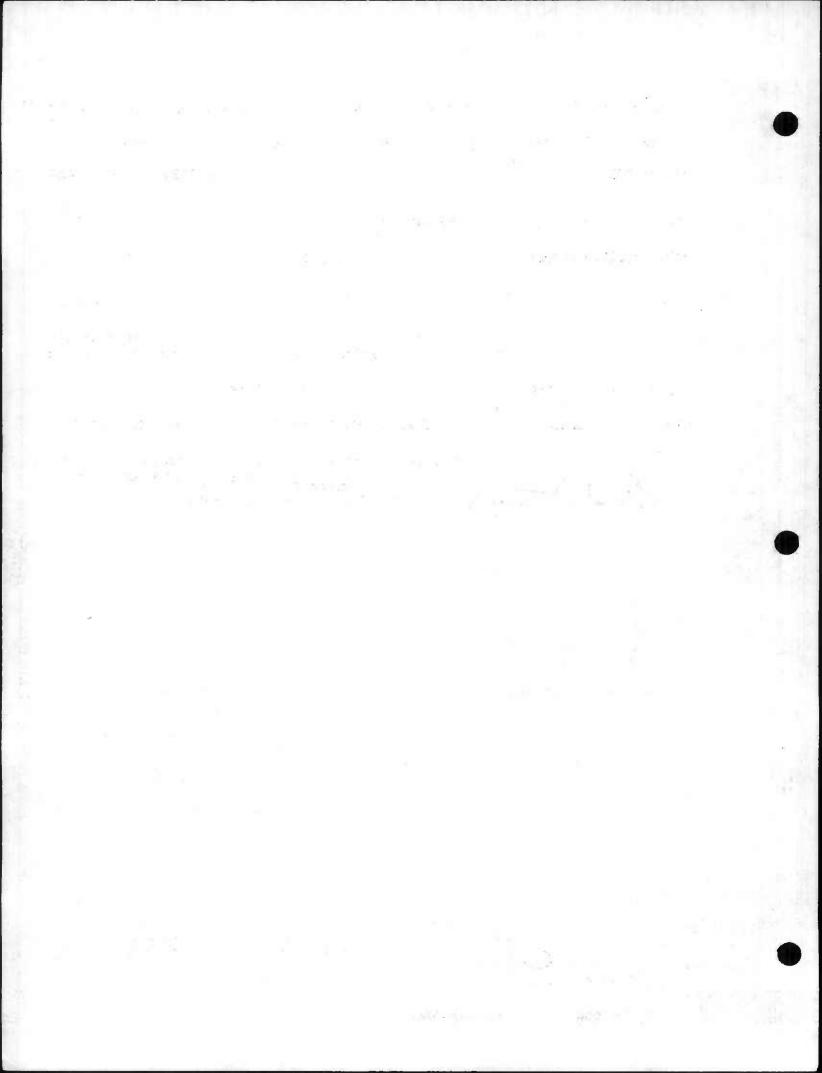
State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

_					Otate of IV	iai yiai		ificate of	Death	Wellal Hy	Reg. No.	6	23683
	Dhysia	ion	1. Decedent's Name	(First, Middle, Las	()			1		2. Dete of De Month	eath Dey	Vaar	3. Time of Deeth
	Physic /Medi		GL.	ADYS		14	ORNT	ON		AUG		996	8-53 Pm
	Exami		4e. Fecility Name (h	not institution, give	street and number)			4b. City, Town, or				
1			BON	SECO	urs	HO	SPITT	72	BALT	rimore	- 1	ı/a	
	Funeral	Г	5. Social Sacurity N			-	last birthday)	If Undar 1 Yea	r If Undar 24 Hr	s. 8. Data of Bi			plece (State or Foreign ntry)
1	Director		218-34-03	31	□ M 212 F	8		Months Deys	Hours Mir	Aug 5,	1908		aryland
	P		Usuei Residence of										7
	how		10a. State	10b. County		10c. Ci	ty, Town or Loca	ation				1	10d. Inside City Limits
	Me Ma	Director	MD	n/a		Ва	altimore	9					XYes 2□No
	th th	Fe	10e. Street end Nun	nber				10f. Zip Code			10g. Citizen of	Whet Cour	ntry?
	h wil		2421 McCu	lloh Stre	eet			2	1217			USA	
	dead	Funeral	11. Marital Stetus		12. Was Decadant	Evar in U	,S. 13. We		Hispenic Origin? (ban, Mexican, Pua	Specify Yas or No	- 14. Rac	e - Amario	can Indian,
Maryland 21215-0020	within 72 hours after death with the Maryland ene. then "naturel", or items 23a or 28a-f show the Medical Experies must be notifed at	þ	1 ☐ Never Marrie 3 🛚 Widowed		Armed Forces' 1 ☐ Yes 2 ☐ If Yes, Give Year or Dates:	No		res, specify Cul ☐ Yes 2 X No		rto Rican, etc.)	Specify	ck, Whita,	Black
0-0	2 ho	ted	(0	15. Decedent's Ed	ucation		16e. Decade	nt's Usual Occu	petion		16b. Kind of B	usiness/In-	
21	l within 72 ho iene. than "natur the Wed cal	Completed	Eiementary/Secon	fy only highest grad	Coilege (1-4or	54)	(Give ki	nd of work done NOT use retire	during most of wo	orking	Johns	Honk	ins Hosp.
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p	be filed tal Hygie d other event, t	Be	17. Father's Neme (First, Middle, Last)						eme (First, Middle			
a		ToE	Ulysses G	rant Bou	cne				Grace	Lane			
ary	de E		19e. Informant's Ne				19b. Mailing	Address (Stree	t and Number or F		er, City or Town.	State. Zic	Code)
	d 7		Ulysses B		5011				n Street		imore, N		1217
Baltimore,	- 9 E E		20e. Method of Disp	osition		20b. F	Piece of Disposit	ion (Name of	. Screet	Dete	20c. Location -		
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			23e. Pert1. Enter the shock, or hear	e disease, or comp	lications that chuse	the deet						1	Approximate
	Physician											1	Intarval Between Onset and Deeth
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	Examiner		resulting in death)			Due to (c	or es a conseque	anca of):					/ wn
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	cute	Examiner	Sequentially list con	ditions.	6-114	Due to (c	or as a conseque		cur)				Money
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68760,	tificete be executed g physician and as the burial-transit	edical	Sequentially list con if any, leeding to impose cause. Entar Under Cause (Diseasa or in that Initiated events	njury	0	Due to (o	r es e conseque	nce of):					
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	death cer e attendir d for use	Cla	Pert II. Other signific	cont conditions on	ntribution to dooth b		ulden e le dhe cond		to Dead	ant Did			
Ö	the y th	Physician/N	Terrii. Other significan	on conomons con	(Land Control of the	-	uiting in the und	enying cause g	ven in Part I.				the causa of death?
	signed b	by P	17	eun	mel) `				. 10	Yes 2 No	3 Proi	bably Di Unk nown
Records,	been sign should be									24a. Wes	an eutopsy	24b. We	ere eutopsy findings
0	been shoulk	Completed								perfo	rmed?	avi	ailabla prior to impletion of causa
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of Vi	00	2	1 Yes 201	lo	lospitel: Impatie			3LI DOA		Home 5 Resi	denca 6 Oth	er (Specif)	v)(v
Ē	ng F	on	27. Menner of Deeth	5 Pending	28e. Deta of Inju (Month, Da	y Year)	28b. Time of Injury	28c. Inju	ry at rk?	28d. Describe	now injury occur	red	
S	Attending Physician or death. octor: After this certif by the funeral director	cati	2 Accident	Investigation				M 1	Yes 2□No				
Division	after d Direct J in by	Certification:	3 ☐ Sulcida 4 ☐ Homlcide	6 ☐ Could not be determined	28e. Piace of inj building, et	ury - At ho	ome, ferm, street	, fectory, office		28f. Location (City or Tox	Street and Numb	er or Rura	I Route Number,
	e safe	Ce											
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai	29a. Certifier (Check only one)	Certifying Phys	sfclan: To the best nar: On the basis of end menner sta	examine	wledge, deeth or tion end/or inves	curred at the ti	me, dete and place opinion, deeth occi	e, end due to the urred et the time,	cause(s) and me dete and place,	nner es st end due to	eted. the cause(s)
	Verithin Verity of the Country of th	ž	29b. Signeture end ti	tie of certifier	//			29c. Licen	se number		29d. Date signer	d (Month, i	Day, Year)
					1			17)	344		5/11	1,	
		-	30. Neme end addres	s of norman upo	modeland entire of a	leath /!!	23a) /Time D-1	01)	/		1 00		
			M	11	A A				Dond 1	Da 1 & d man	o M	21227	,
	Sta	20	31. Dete filed (Month	Day, Year	32. Registr		Hammond	rerry	RUaU	Baltimor	e, MD	21227	
	Registra		ALIC O		Pelia Sanda								

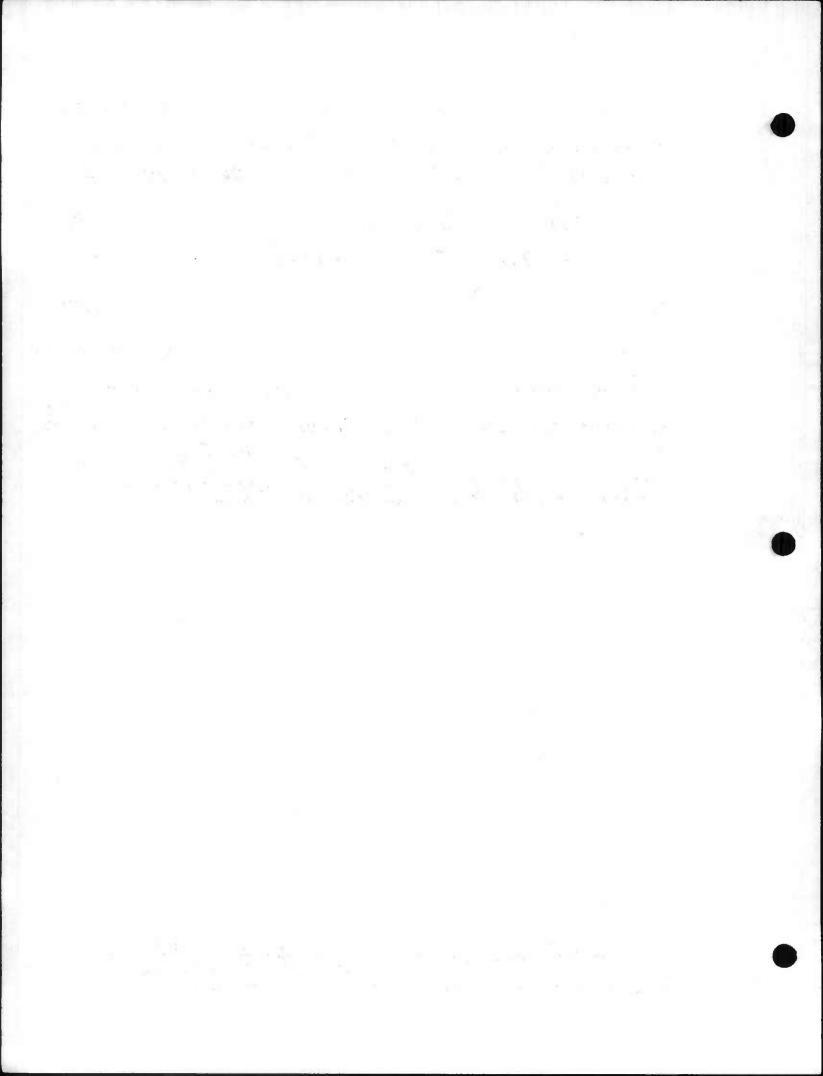
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State of Maryland / Department of Health and Mental Hygiene 96 23684

			Certifica	te of Death	icinai i iy	Reg. No.) 4,	3004
			1. Decadant's Name (First, Middle, Last)		2. Date of De	eath	WAS .	3. Tima of Death
	Physici /Medic		BERNARD J. TRIBULL		Month	Day	9 C	6:05
	Examir		4e. Facility Neme (If not institution, give street and number)	4b. City, Town, or Lo	cation of Deet	th 4c. County	of Death	
			FRANKLynwoods N.H.	ESSEX		BA	40	
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under	r 1 Year If Under 24 Hrs.	8 Date of Bi	rth		ce (State or Foreign
	Director		213-03-0189 1XM 20F 84 Yrs. Months	Days Hours Min.	DEC.	23.1911	Country	LD.
	р ,		Usuai Rasidance of Decedant	-		7.1.		
	show		10a. State 10b. County 10c. City, Town or Location				100	d. inside City Limits
	with the Maryland a or 28a-f show	cp	MID N/A BALTIMORE	=				12 Yas 2 No
	it of a	Dire		ip Coda		10g. Citizen of	What Country	y?
	£ 23	<u>ra</u>	807 S. BOULDIN ST.	21224		U.	S.A	
		Funeral Director	11. Meritei Stetus 12. Was Decedant Evar in U,S. 13. Wes Dece Armed Forces? 13. Wes Dece	edant of Hispanic Origin? (Specify Cuben, Maxican, Puarto	ecify Yes or No Rican, atc.)	0- 14. Red Ble	e - American ck, Whita, at	
20	g & a	by F	1 Never Merried 2 Married 1 Yas 2 No If Yas, Give 1 Yas Widowed 4 Divorced Year or Datas:	2 No Specify:		Specif	Vi landi	
5-0020	72 houn netural',	D D					WH	176
15	n 72 ned	Completed	lite DO NOT	ork done during most of work	ing	16b. Kind of B	usinass/indu	stry
2121	s within plene.	m/	Elemantary/Secondary (0-12) College (1-4or 5+)	MAD		SPOR	TING	GOODS
	be filed trail Hygi d other event, t	Ö	17. Father's Nema (First, Middle, Last)	18. Mothar's Name	A (First, Middle	. Malden Surnan	ne)	
Maryland	A P P S	o Be	PAUL TRIBULL	ANU	7.0	HUBE	POT	
2	d 2 should by th and Menta 7 is marked trsumatic ev	T _o		ss (Street and Number or Run				odel 911/1
N	od 2.		LAWRENCE TRIBULL 2627	BRADENBAL		D /1916	ire U	11/16/
ē,	of Heelth Item 27 other tr		20a. Method of Disposition 20b. Pieca of Disposition (Na	ime of	Date	20c. Location	City or Tow	n, Stete
Baltimore,	egee ant of t: If I		Burial 2 Cramation 3 Removal from State Commetery, crematory or Commetery, crematory or Commetery, crematory or Commetery, crematory or	other plece)	406.7			100
	permit. Page Department of Important: If any Injury or once.		10111111	of JEJUS	1996		. Co.	MD
Ba	Depart Import any inj		March Street Von	DO ELL 28	29 44	IDSON S	7	
			222 Part Enter the disease consideration that sound the death December 1	DIF 1711 184		MD. =		
		0	23a. Pert1. Enter the disease, of complications that caused the death. Do not enter the moshock, or heart feilure. List only one cause on each line.	da or dying, such as cardiac	or raspiratory a	arrast,	1 1	Approximeta nterval Between Onset and Death
	Physician / /Medical		Immediate Causa (Final	. 6 . 1				
	Examiner		Immediate Causa (Final disease or condition resulting in deeth) a. Chronic Rea	al faile	use			+ meters
		ē	Dua to (or as e consequence of):				
0	uted ansit	Examiner	b				i	
'n,	icate be executed physician end s the burial-transit	Еха	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease of injury that initiated awants C. Due to (or as a consequence of cause. Enter Underlying Cause) Due to (or as a consequence of cause. Cause	;			1	
68760,	e be /sicia	edicai	Causa (Diseasa of Injury that Initiated avants causificated avants provided in the Initiated avants causificated avants causif					
68	g physias the t	8	resulting in death) Last					
Box	ndin use	2	d					
	death cer e attendin	Icla	Part II. Other significant conditions contributing to death but not resulting in the underlying	cause given in Bart I	23h Did	tohacco usa co	ntribute to t	the cause of death?
P.0	that the ed by the detache	hys				Yes 2 No	3 □ Probe	
ď.	ned l	y P	Chronic Atrial posillat	on		2010	0_1100	way and only
Vital Records,	v requires that the death certif been signed by the attending should be detached for use a:	Completed by Physician/N	Chronic Atrial pibrillass Multiple Dembitus ulcers			s an autopsy	24b. Wer	e autopsy findings labia prior to
000	lew residence because 2 sho	olet	mille Delub, his heles		pen	ormed?	com	pletion of cause
R	The le	E O			10	Yas 2 No		Yes 20 No
ta	ifficat for, p	Be C	25. Was case rafarred to medical	26. Place of Deat				185 222110
>	s cert	ToB	examiner? 1 Yes 2 No Hospital: 1 Inpetient 2 ER/Outpetient 3 D	1 40		idance 6 Oth	er (Snecify)	
Division of	er thi		27. Mannar of Death 28a. Deta of Injury 28b. Tima of			how injury occur		
ior	ath. : Afte	atio	1 ØNatural 5 ☐ Panding (Month, Day Year) Injury 2 ☐ Accident invastigation M	Work? 1 ☐ Yes 2 ☐ No				
Vis	Atte	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be datarmined 28a. Place of injury - At homa, farm, straat, facto building, atc. (Specify)	ry, offica	28f. Location	(Street end Numb	per or Rural i	Route Number,
Ö	a after	Ser.	4 ☐ Homicide building, efc. (Specify)		City or 10	iwn, State)		
	houn houn mera y fille		29a. Cartifiar 127 Certifying Physician; To the bast of my knowledge, death occurred	at the time, deta end piece,	and due to the	cause(s) and mi	anner as stat	ted.
	To the Hospital or Attending Physician: The lew within 24 brouns after death. To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2	edical	(Check only one) 2 Medical Examiner: On the basis of axamination and/or invastigation and manner stated.	n, in my opinion, death occurr	ed et tha time,	, date and piece,	and due to t	ha cause(s)
	withi To th	2		c. Licanse number		29d. Data signe		
			N. Deshonedons	14602	2	8/5	191	
	70		30. Nema and addrass of person who completed causa of death (Itam 23a) (Type. Print)	NEEDA DE	SHO	ANNE	M.	1
			30. Nema and addrass of person who completed causa of death (Itam 23a) (Type, Print) 9000 FRANKLIN S&UARE DRI 31. Data filed (Month, Pay Year) 32. Pedistrar's Signature	VE, BACT	IMO	RE N	1021	237
	Sta	te	31. Data filed (Month, Day, Year) 32. Registrar's Signature		-			
	Registr	ar	AUG U 9 1330 U					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** 1:00PM eo Rao 4b. City, Town, or Location of Death /Medicai 4e. Fecility Name (If not institution, give street end number 4c. County of Deeth **Examiner** BALTIMORE If Under 24 Hrs. Hours Min. 4107 ANNAPOLIS RD. BALTIMORE if Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dey, Yeer) **Funeral** Birthplace (State or Foreign Country) 1 M 2 □ F Months Days Yrs. Director 215-03-0881 JULY 16, 1907 89 MARYT AND Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show items 23s or 28s-f short ner must be notified at Director 1 ☐ Yes 2 No MD BALTIMORE BALTIMORE Pages 1 and 2 should be filed within 72 hours after death with the lent of Health and Mental Hygiene. Int: If Item 27 is marked other than "naturel", or Items 23s or 28s. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Completed by Funeral 4017 ANNAPOLIS RD. 21227 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgln? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, treumatic event, the Medical Examiner Black, White, etc. I ☐ Yes 2 XNo If Yes, Give Year or Dates: 1 ☐ Never Merried 2 X Married 21215-0020 1 ☐ Yes 2 🗓 No WHITE Specify: 3 Widowed 4 Divorced 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Liquor Stone 6 RETAIL SALES Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be GEORGE E. WARE, SR. EMMA LEHRL 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) AUDREY L. SMITH DAUGHTER other 1 610 MARLBORO RD., GLEN BURNIE, MD 21061 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 8 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Department of Important: If any injury or 8-6-96 Zeisterstown, MD 4 ☐ Donation 5 ☐ Other (Specify) LAKEVIEW CEMETERY 21. Signature of Funeral Service Licenses 22. Name and Address of Facility RAYMOND C. FINK FUNERAL HOME 426 CRAIN HWY., S.W., GLEN BURNIE, MD 21061 23e Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or each line. **Physician** Congestive Heart Failure Immediate Cause (Final disease or condition resulting in deeth) /Medical Examiner Examiner The law requires that the death certificate be executed the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last and P.O. Box 68760, physician Physician/Medical Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detact 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. Completed by 24a. Was an autopsy performed? 24b. Were autopsy findings eveilable prior to completion of cause of death? After this certificate 1 Tes 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) 2 1 Yes 25 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA the funeral 27. Menner of Death

Natural

Accident 28a. Date of Injury (Month, Dey Yeer) 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 5 Pending investigation death. 1 ☐ Yes 2 ☐ No eftar death 6 Could not be determined 3 ☐ Sulcide 6 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide 24 hours 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: Or the best of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. Medical (Check off) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) of death (Item 23a) (Type, Print) 30. Name end adoress of person who Wilkens Ave BoHinone, MD. 21229 Plack 3449 mond

DHMH 16 Bev 6/95

State

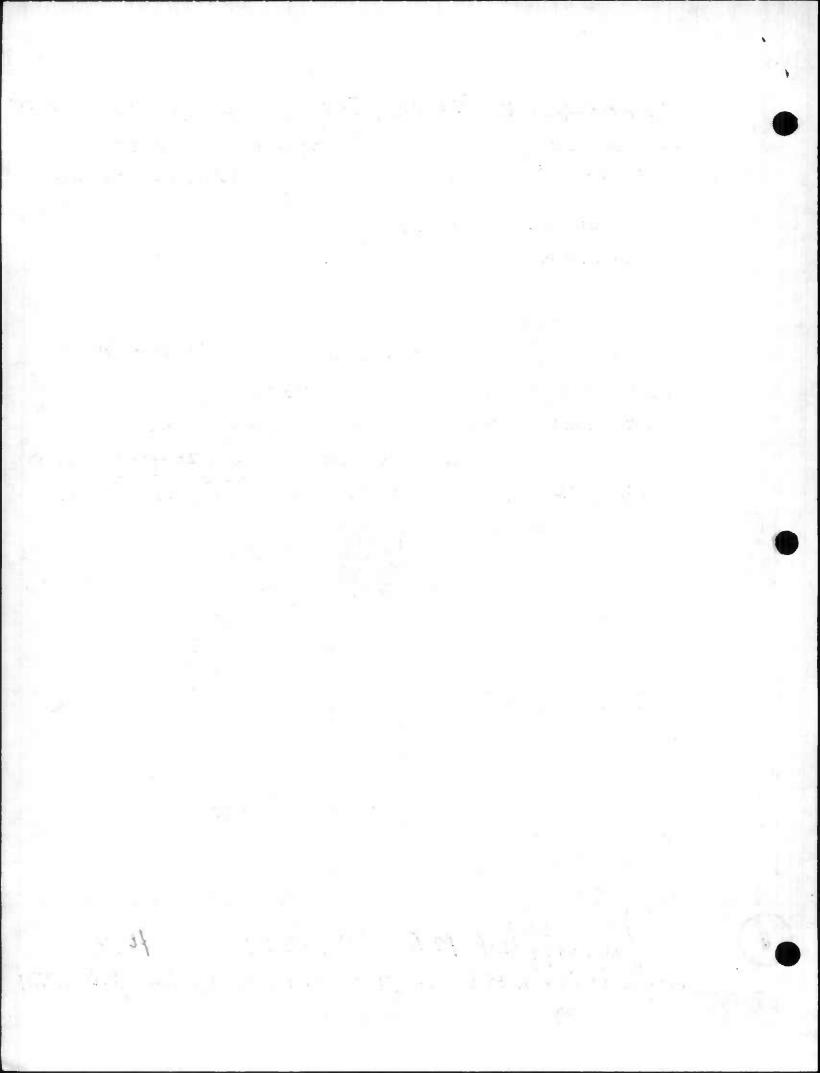
Registrar

31. Date filed (Month, Dey, Year)

AUG 0 9 199

32. Registrar's Signature

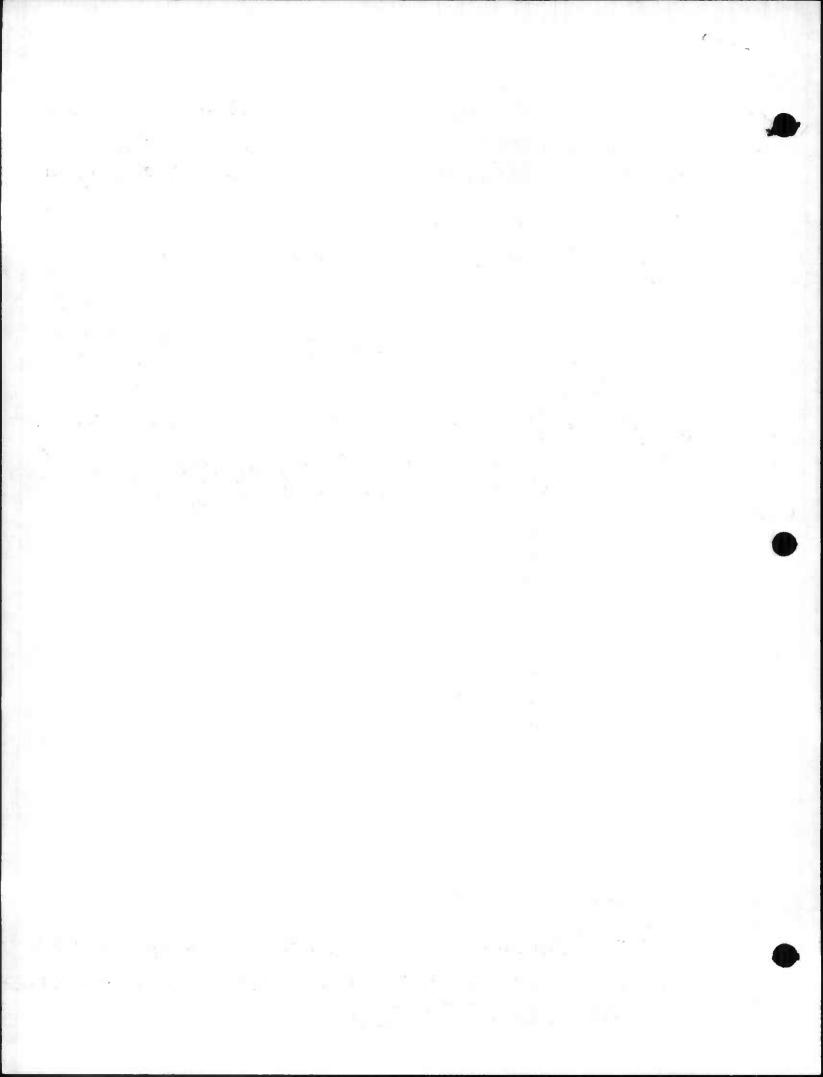
und Davidson



	TIT	Certificate of Death		. No.	
23000000		EM#1 g738 8/9/96ag perFH 1. Deceden's Nama (First, Middle, Last)	2. Date of Death Month	Day Year	3. Tima of Death
Physicia /Medic	62303	ALVEIRA OLIVIA WHITE	AUGUST 5		05:00
Examin	SHARE	4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Local	ation of Death	4c. County of Des	ath
		THE JOHNS HOPKINS HOSPITAL 5. Social Security Number 6. Sex Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8	CITY	0/4	L
Funeral Director		Months Days Hours Min.	Month, Day, Y	1457	thplaca (State or Foreign
with the Maryland a or 28a-f show Lee nothing at	ctor	10a. State 10b. County 10c. City, Jown or Location BALFINORE			10d. Inside City Limits 1 ☑ Yes 2 ☐ No
23a or 24	ral Director	10e. Street and Number 10f. Zlp Code 21213	100	Citizen of Whet C	ountry?
ore, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after deeth with the Maryla f Health and Mental Hyglene. If Health and Mental Hyglene. Item 27 is marked other than "natural", or itema 23a or 28a4 show other traumatic event, the Medical Examinations and be nounded at	by Funeral	11. Marital Status 12. Was Decedant Evar in U,S. Armed Forces? 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decedant Evar in U,S. Armed Forces? 1 Yes, Sive Yaar or Datas: 13. Was Decedent of Hispanic Origin? (Specify Specify Cuban, Maxican, Puarto Ri	ify Yes or No- lcan, atc.)	14. Raca - Am Biack, Whi	
5-0 72 ho 72 ho	eted	15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working	0 16	b. Kind of Business	
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hould d Mer mark matic	2	19e. Informant's Neme/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural)	Fourte Number (City or Town State	Zin Code)
Mar nd 2 sho lith and 27 is me	1	DESILEE WITH SISTER 3982 CAPPISON AN	IE BO	thuse.	11/2/2/5
of Health of Health litem 27 r other tr	9	20a. Method of Disposition 20b. Plece of Disposition (Name of	Pate / 20	c. Location - City o	r Town, Stata
Peges nent of int: If it		10 Buriai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	10/96	BALTIME	in had
Dalltimore, n permit. Peges 1 and Department of Health Important: If item 27 any injury or other ta		21. Signature of Funarai Sarvice Licenses 22. Name and Address of Facility Sylvy, Esservery	MTMA	1 AP	is Ferend Hur
		23a. Part1. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or shock or heart failure. List only one cause on each line.	raspiratory arres	t,	Approximata Interval Between
Physician /Medical					Onset and Death
Examiner		femadlete Cause (Final disease or condition rasulting in death) a. On oxic encuphalopothy Due to (or as a consequence of):			11 oays
D ==	Iner	eventucular fibullation and sodder	n cord	ine death	30 minute
cete be executed physician and the burial-transit	Examiner			10100	
be ey sician buria		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of): 500000000000000000000000000000000000	Moba	thy	(d years
E 08	//Medical	Due to (or as a consequence of): d. antewar apread acute myocard	du lais	arctica	loyears
the death certify the ettending	Iclar	Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f.	23h Did tohi	eco use contribut	e to the cause of death?
T to the	y Physician/M	hyp othyroldsm	1) Yee		Probably 4 Unknown
OVISION OF VITAL RECORDS, P.O. BOX for Attending Physician: The law requires that the death certified clearly. Birectosath. Birectosath. Birectosath. After this certificate has been signed by the ettending in by the funeral director, page 2 should be deteched for use	Completed by		24a. Was an performe		Wara autopsy findings available prior to completion of cause of death?
VICEN: The lav	Com		1 ☐ Yas	2 No	1 Yes 2 No
clan: entific ector,	Be	25. Was case referred to medical examiner?	(Check only one)		
Physician: This certific	To			ca 6 □Other (Sp	ecify)
After funer	lon	1 Naturai 5 Pending (Month, Day Year) injury Work?	8d. Describe how	injury occurred	
or Attendifier death	Certification:	2 Accident	8f. Location (Stre City or Town,	et and Number or F State)	Rural Route Number,
To the Hospital or Attending Physician: The law within 24 hours effected eath. To the Funeral Director: Addenthis certificate hes completely filled in by the funeral director, page 2	Medical Ce	29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, an content of the best of examinetion and/or investigation, in my opinion, death occurred and manner stated.	nd due to the cau d at the time, dete	se(s) and mannar a e and place, and du	as stated. se to the cause(s)
o the or the or the or the or the or the	Me	and manner stated. 29b. Signature and title of certifier 29c. Licensa number	290	I. Data signed (Mor	oth, Day, Year)
F≯Fŏ					
	-	30. Name and address of person the completed cause of deeth (Item 23a) (Type, Print)		25,231	- 1
		TARASJ. DANYLUK, DO 40 JHH EMETGENCY DED	1. PUON	· Worke SI P	WHENEY MS 71

DHMH 16 Rev 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day 1996 Month Vera Webster 14:30 August 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Johns Hopkins Bayview Baltimore If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Day, Year) If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 1 ☐ M 2 ☑ F Months Days 214-22-8453 80 Oct.22,1915 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inaide City Limits Baltimore Dundalk 1 Yes 2 No 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 23 Yorkway 21222 USA 11. Maritel Status 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White 3X Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 yrs. Housewife Home 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maidan Sumame) Frank Davis Nan Oehring 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) LeRoy Webster son 1940 Church Rd. Balto. Md. 21222 20b. Place of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, Stata 1

Burial 2 □ Cremation 3 □ Removel from State
4 □ Donation 5 □ Other (Specify) Gardens Of Faith 8-6 Rosedale 21. Signature of Funelal Sa 22. Name and Address of Fecility Connelly Funeral Home Of Dundalk 23a. Part/Entar the disease, or complications that caused the daath. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or haart failure. List only one cause on each lina. Approximate Interval Betw Onset and Deeth Immediate Cause (Final disease or condition rasulting in death) Hemorrhagic Stroke at hrs Dua to (or as a consaquence of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or Injury that initiated events resulting in deeth) Lest Due to (or es a consequenca of): Due to (or as e consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Was an autopsy performed? 2 No 1 Yes 2 No 1 Yes 28. Place of Death (Check only one) Hospital:

Physician /Medical Examiner

Examiner

Physician/Medical

by

Completed

Be

To

Certification:

Medical

permit. Page Department of important: If any injury or once.

Physician

/Medical

Examiner

10a State Md.

Director

Funeral

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Completed

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Funeral

Director

Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene.
Int: If Item 27 is marked other than "natural", or items 23a or 28a-f show ury or other traumatic event, or Modical Examiner must be notified at

Baltimore, Maryland 21215-0020

physician and the burial-transit 8 use page 2

pertificate has

al Records, P.O. Box 68760

requires that the death certificate be executed The law Division of after deat Director: 8 To the Hospital o within 24 hours at To the Funeral Di completely filled in

25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death

28a. Date of Injury (Month, Day Year) 5 Pending Investigation

30. Name and address of person who completed cause of daath (Itam 23a) (Type, Print)

BLUCE LEFF. Jocus Agricus Beyview

1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of Injury 28c. Injury at Work?

Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how Injury occurred

1 Yes 2 No 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29a. Cartifier (Check only one)

1 Matural

2 Accident

3 Sulcide

4 Homicide

1 Certifying Phyeician: To the best of my knowledga, daath occurred at the time, date and placa, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the tima, date and place, and due to the cause(s) and manner stated.

29b. Signature end title of cartifier

29c. License number

29d. Date signed (Month, Day, Year)

LM

6 Could not be determined

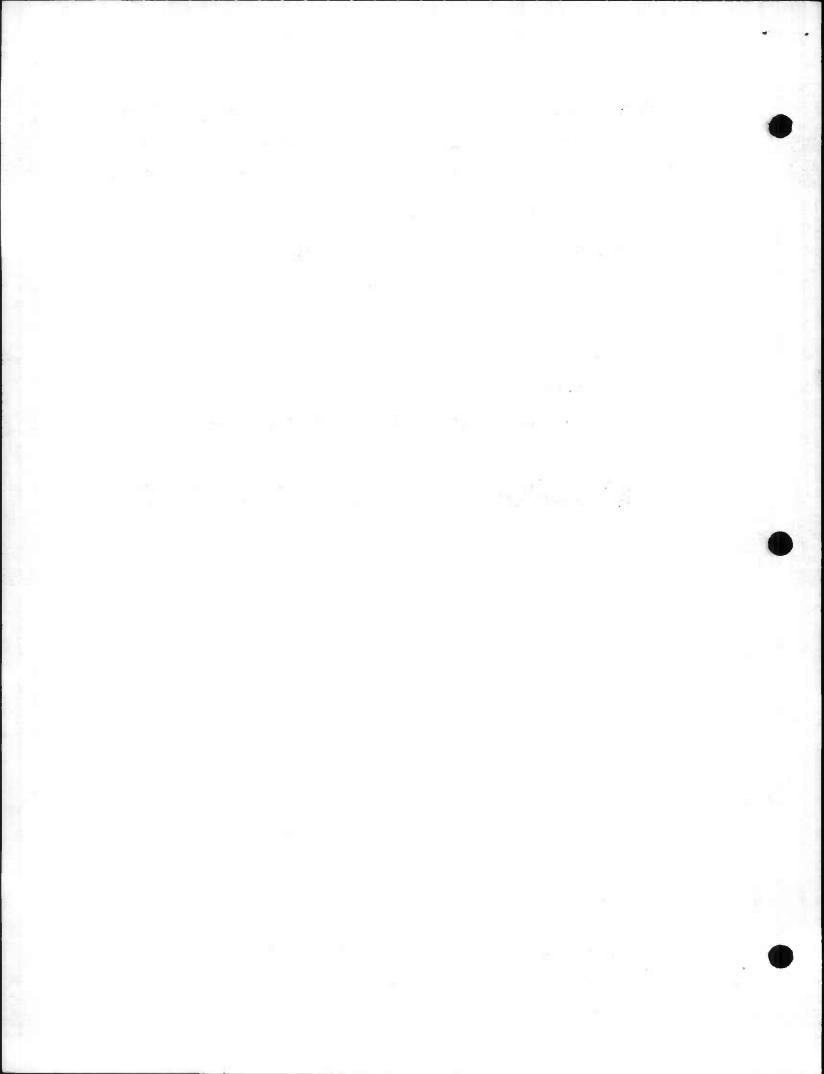
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State Registrar

31. Date filed (Month, Day, Year) AUG 0 9 1996



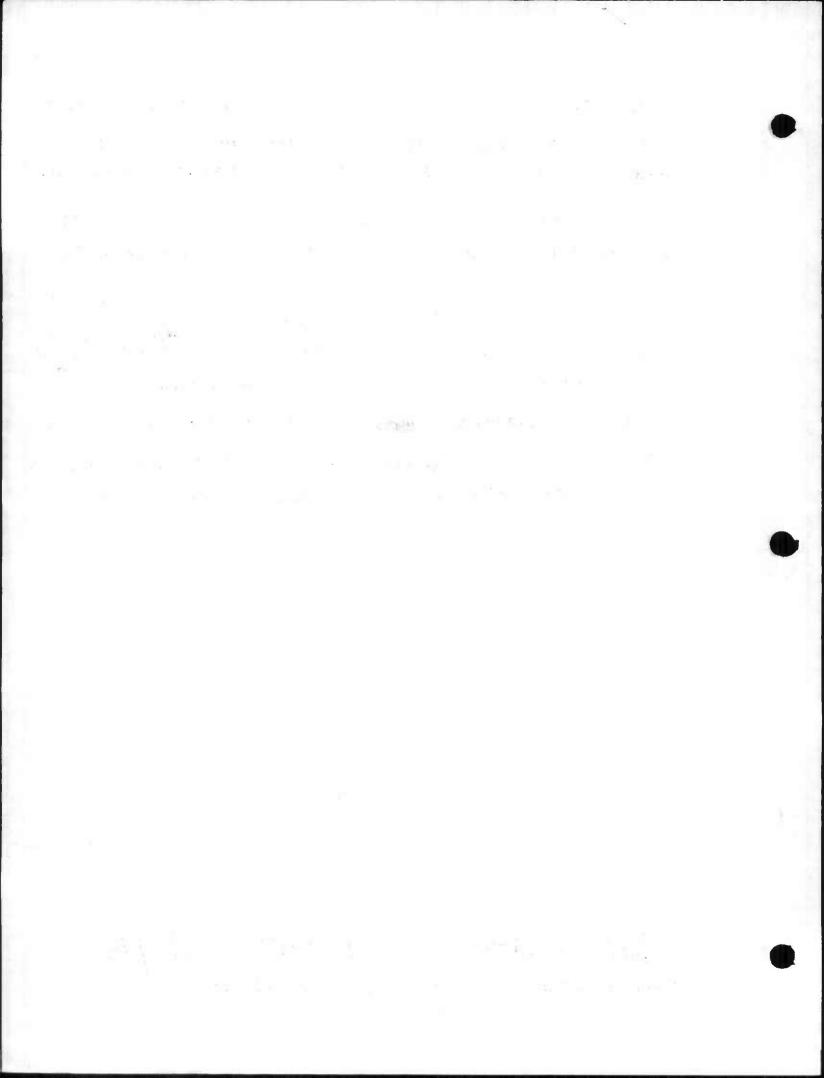
DHMH 16 Rev 6/95



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						Certificate of	Death	Re	eg. No.		
	Physic	ian	1. Decedant's Nama (First, Middla					2. Data of Deat			3. Tima of Death
	/Medi		Robert Willia	amson				August	7, Day 1996	5 '44'	1:15 P.M.
	Exami		4a. Facility Nama (If not institution	, giva street and number)		4b. City, Town, or L	ocation of Death	4c. County	of Death	
			1400 E. Madi:	son Street,	Apt. 80		Balti	more		n/a	
	Funeral Director	1	5. Social Security Number 244-20-2743	6. Sax 1 X M 2 ☐ F	ga (In yrs. last bii 69	Yrs. Hi Undar 1 Yaar Months Days		8. Data of Birth Month, Day,	2 ^y 9°, 192	9. Birthplace 6 RUCK	y MT.NC
	yland		Usual Rasidance of Decedant 10a. Stata 10b. County		10c. City, Tow	n or Location				10d	. Insida City Limits
	Mar	to	MD	n/a	BAL	TIMORE					1 No Yes 2 No
	with the	Director	10e. Street and Number	DISON STRE	FT ant	10f. Zip Code 2.802 21	205		Og. Citizan of V		
	death	Funeral	11. Marital Status	12. Was Decedant	t Evar In U.S.	13. Was Decedant of It Yas, specify Cub			14. Rac	a - Amarican	Indian,
020	n 72 hours after death with the Manyland "natural", or items 23e or 28e-f show edital Examiner must be nutified at	þ	1 Nevar Married 2 Marri 3 Widowed 4 Divorced	Armed Forcas' ed 1 Tyes 2 It Yes, Giva Yaar or Datas:	No	1 Yas 2 No		Hican, atc.)	Specify	ck, Whita, ato	ACK
0700-61717	C 1 44	Completed	15. Decedant (Specify only highas Elemantary/Secondary (0-12)	s Education t grada complated) Collega (1-4or		Decedant's Usual Occu (Giva kind of work dona lifa. DO NOT usa ratire	during most of worked)	ing	AMERI	CA SM	ELTING
7	filed within Hygiene. ther then ent, the her	Con	6 th	-		LABOR					OMPANY
bailmore, maryland	S la b >	To Be	ALEX WIL	LIAMSON			18. Mothar's Nam	SE SUM	MERS		
M			19a, Informant's Name/Ralationsh VERZELL	WILLIAMS		. Mailing Addrass (Stree					
ນົ	Heelth Heelth tem 27 I		20a. Mathod of Disposition	MILLIAMS	20b. Piace 0	14-00 E. It Disposition (Nama of			C. BU.		LTO., MD
5	Peges nent of int: if its iry or o		1 ☐ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (Sp		camata	ry, cramatory or other pla					
Dali	permit. Peges 1 and 2 Department of Heelth of Important: If item 27 is any injury or other tra once.		21. Signatura of Funary I Silvice I		1 GARR	ZSON FORE	ass of Facility				
	_		23a. Part 1. Enter the disease, or	complications that cause	d the death. Do		MARCHF H			NORTH	A V E N U
6	Physician		23a. Part1. Entar the disaasa, or shock, or heaft tallura. List of	only ona causa on aach i	lina.		mg, sast as salate	or raopilatory arre		i In	itarval Batween Inset and Death
	/Medical		Immediata Causa (Final disaasa or condition	Fso	phageal	Cancer				į	
	Examiner		rasulting in death)	a		consequance of):					
	pa #s	ine		- b			_			i	
II.	deeth certificate be secuted e attanding physician and od for use as the buriel-transit	Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Dua to (or as a	consequance of):					
00/00	sician burie		causa. Entar Undarlying Cause (Disaasa or Injury that initiated events	c	2 (10) (10)					i	
	ificate p phy as the	Medical	resulting in death) Last		Dua to (or as a	consequence of):				Į.	
200	andin use	No.	•	d							
)	deeti e atta	sicia	Part II. Other significant condition	ns contributing to death t	but not rasulting l	n tha undariving causa gi	iven in Part I.	23b. Did to	bacco use co	ntribute to th	ne cause of death?
7.	that the deeth cer ned by the attandir a detached for use	by Physician									bly 4 ☐ Unknow
necolds,	law requires t as been signs 2 shoold be	Completed t						24a. Was ar perform		avalla	autopsy tindings abla prior to lation of cause ath?
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	threat a		27. Mannar of Death 1		ury ay Year) 28b.	Tima of njury Mo		28d. Dascribe ho	-		
T CIAIC	or Attended of the date of the	Certification:	3 Suicida 6 Could n 4 Homicida datarmi	ot be nad 28a. Place of In building, a	jury - At homa, ta tc. (Spacity)	ırm, straat, factory, offica	9	28f. Location (St. City or Town	reet and Numb , Stata)	er or Rural R	louta Number,
	To the Hospital or within 24 hours efter To the Funeral Dir completaly filled in	edical C	29a. Cartifiar (Check only one) Certifying	Physician: To the bast xaminar: On the basis of and manner st	of axamination an	, daath occurred at the ti d/or Invastigation, in my	ima, data and place, opinion, daath occur	and dua to tha ca red at tha tima, de	usa(s) and ma ata and place,	nnar as state and dua to th	ad. la causa(s)
	of the complete of the complet	Me	29b. Signature and title of certifier	/		29c. Lican	sa number	25	9d. Çate signey	fl (Month, Da	y, Year)
	- = - 0		1 Martins	way was	,	772	4149		8/8/	91	
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State Registrar



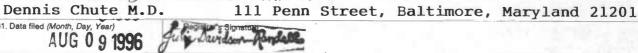
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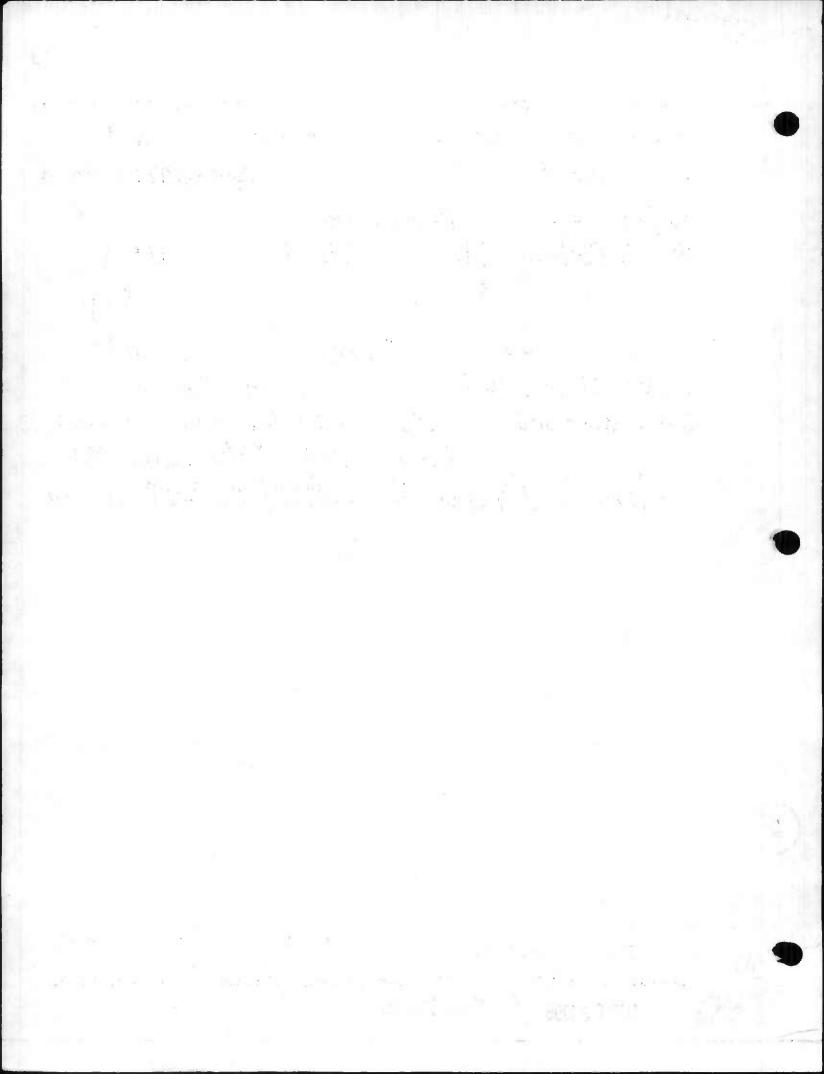
State of Maryland / Department of Health and Mental Hygiene Q 6 2 2 6 0 0

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	Physic		Decedant's Nama (First, Middla, La MARVEL	WATERS			2. Data of Month AUG •		9 Year	3. Time of Death 0650 AM
	/Medi Exami		4a. Facility Nama (If not institution, git	va street and number) TH MONROE ST	REET	4b. City, Town, o		eath 4c. Count	V/A	
	Funeral Director			Sex 7. Aga (in yrs	(last birthday) If Un Yrs. Month	dar 1 Yaar If Undar 24 Hi ns Days Hours Mi		Birth Day, Yaar 21, 1917	Mar.	yland
	se Meryland	ctor	Mary and 10b. County	A 10c. C	ity, Town or Location 3altim	ore	•	- 436	100	d. Insida City Limits
	iges 1 and 2 should be filed within 72 hours after deeth with the Meryland it of Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumetic event, the Medical Examiner must be notified.	Funeral Director	807 N. Calh 11. Marital Status	OUN St. 12. Was Dacedant Evar in U Armed Forces?		Zip Coda 2/2/7 cedant of Hispanic Origin? opecify Cuban, Maxican, Pus	(Specify Yas or	10g. Citizan of No- 14. Rac Bla	S A ce - Amarica ck, Whita, at	n Indian,
-0020	hours after	by	1 Navar Marriad 2 Marriad 3 Widowad 4 Divorced	Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Give Yaar or Datas:	1 □ Yas	2 No Spacify:		Specif	Nec	gro
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	1 end 2 Health a em 27 la ther trai		Julia Woodle 20a. Mathod of Disposition	and	3703 L	ass (Street and Number or I Ve Oak R Vama of	Pural Routa Nur	andalls 20c. Location	stown	,Md. 2113.
altimore,	semit. Pages Separtment of mportant: If it, my injury or o thise.		1 Burial 2 Cramation 3 4 Donation 5 Other (Special Supercraft Funeral Services Lice	y) Lamoval from Stata	OUGON 22. Nama	and Addrass of Facility	8/12/96	Balt	0. 1	Md.
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	din o	ToE	axaminar? 1 XIX as 2 No	Hospital: 1 Inpatiant 2 I	ER/Outpatient 3	Other		sidance 6 🗆 🏋 h	ar (Specify)	ROADWAY
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2	pital or Al runs after sral Direc filled in by	Certification:	4 Homicida datarmined	building, atc. (Spacif	str str	eet	Barton			
	To the Hospital (within 24 hours at To the Funeral D completely filled)	edicai	29a. Cartifiar (Check only one)	yelclan: To tha best of my kno niner: On tha basis of axamina and mannar statad.	wiedga, daath occurration and/or invastigation	d at tha tima, data and piac on, in my opinion, daath occ	e, and dua to the curred at tha time	a causa(s) and ma a, data and piace,	innar as stat and dua to th	ed. ha cause(s)
	Vithin To the	Z E	29b. Signatura and titla of certifiar	- Julian States.	2	9c. Licansa number		29d. Data signe	d (Month, Da	ay, Year)
	217		Denne	J. Chrit up		O.C.M.E			06,	
	10		30. Nama and address of person who	complated causa of death (Itan	n 23a) (Type, Print)					

State Registrar

31. Data filed (Month, Day, Year) AUG 0 9 1996

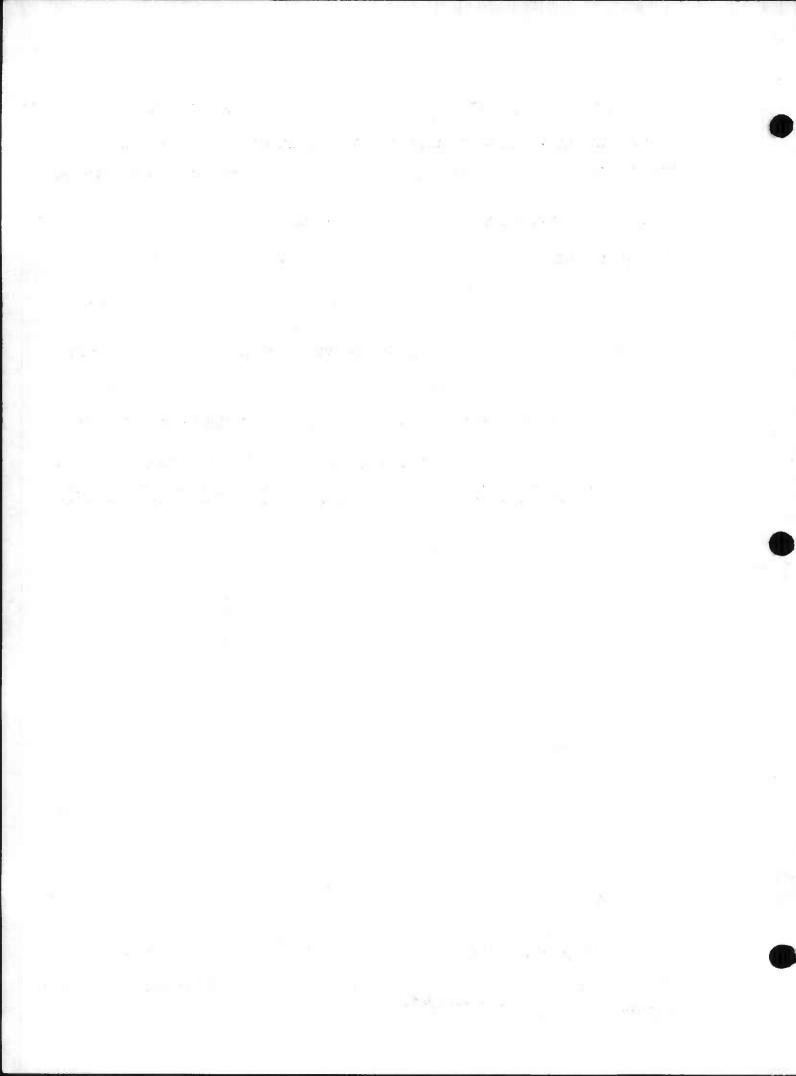




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State of Maryland / Department of Health and Mental Hygiene 96 23690

						Cer	tificate	e of	Death			Reg. No.		
			1. Decedent's Name (First, Middle	ı, Last)							2. Data of D	eath		3. Time of Leath
	Physic		SADA	K. WOLF							AUGUS	Day 03	Yaar 96	Looff
	/Medi Exami		4a. Facility Name (If not institution						4b. City, To	own, or L	ocation of Dea		nty of Death	
7	LAGIIII	HC	GILCREST CENTE	AT CDEATE	R BALTO	MEI	D CTR		BALT	TMOD	F		•	N.E.
н	Funeral		5. Social Security Number		a (In yrs. last bir		If Undar			24 Hrs.	8. Data of Bi	rth	LTIMOR	-
	Funerai Director		220-03-6364 Usual Residence of Decedent	·		Yrs.	Months	Days	Hours	Min.	(Month, D	ey, Year) 30, 191	Cour 7 MA	placa (Stata or Foreign ntry) RYLAND
	Pand I		10a. State 10b. County		10c. City, Tow	n or Lo	cation						1	10d. Inside City Limits
	h the Maryland r 28a-1 show	Funeral Director	MD	BALTIMORE			BA	LTI	MORE					1 ☐ Yes 2 🛱 No
	£ 22	100	10e. Street and Number				10f. Zip	Coda				10g. Citizen o	What Cour	ntry?
	23e	70	3212 HATTON RO	DAD						2120	8	U.	S.A.	
	ter dea	ine.	11. Marital Status	12. Was Decedent E Armed Forces?	Evar in U,S.	13. V	Vas Deced	lent of I-	lispanic Or en. Mexica	igin? (Sp	ecify Yes or N Rican, atc.)	0- 14. Ri	aca - Americ iack, White,	
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	filed with Hygiena. rther ther	5	12		AD	MIN:	ISTRA'	TIVE	E ASS	ISTA	T	I	INVEST	MENT
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Maryland	2 should be filed within and Mental Hygiena. Is marked other than aumatic evant, the Mental to the M	2	GEORGE		KIRSCHB.	AUM]	DORA			ABRA	MS
a	2 sho and 1	ľ	19a. Informant's Name/Relations				g Addrass	(Street	end Numb	er or Rur	al Routa Numi	per, City or Tow	n, State, Zic	Code)
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e e	of Haalth of Haalth I fram 27 r other to		20a. Method of Disposition		20b. Placa of		sition (Nem		cal		Date	20c. Location	- City or To	own, State
Ë	Pages nent of int: If its iry or o		Burial 2 □ Cramation Donation 5 □ Other (St	3 ☐Removal from Stata	BALTI		-		00)		0 /5 /06	DETCE		CIM LEGIS
Baltimore,	permit. Page Department of Important: If any injury or once.		21. Signature of Funaral Service I		DAULTI		. Name and		ss of Facil	ity	3/5/96			WN, MD
Ö	Depariment in poor		1 Lotto	n Citath								son & E		
			23a Part1 Enter the disease or	complications that caused	the death Do	89	900 R	eist	erst	own I	Road Pi	kesvill	e, MD	21208 Approximate
			23a. Part1. Enter the disease, or shock, or haart failure. List	only ona cause on each lin	0.	not arms	ar frie mode	e or dyn	ig, such as	Cardiac	or raspiratory i	arrest,		Intarval Between Onset and Death
	Physician /Medical		Immediata Cause (Final	1										A A
1	Examiner		disaasa or condition resulting In daath)	a. Lun	c C	AN	CER							1 YEAR
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	be is	i-		b			_						1	
	icate be executed physician end s tha burief-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying	'	Due to (or as a	conseq	uence of):							
68760,	be e		cause. Enter Undarlying Cause (Disease or Injury that initiated events	c									1	
87	sate shys tha	dic	that initiated events resulting in death) Last	ı	Due to (or as a c	consequ	uence of):							
×	E 0 6	Medical		d										
Bo	that the death cert ed by the attendin datached for usa	Physician												
	U W X	/sic	Part II. Other significant conditio	se contributing to death but	t not rasulting in	the ur	nderlying ca	ause giv	en in Part	l.	23b. Did	tobacco use c	ontribute to	o the cause of death?
P.0	that the ed by th datache	Ph									1□	Yes 2 KNo	3 □ Prof	bably 4 Unknown
	88 60 8	by												
Records,	requiras been sign should be	Completed									24a. Wa	s an autopsy omad?	24b. W	era autopsy findings railabla prior to
90	N 2 2 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	pie											co	ompletion of cause death?
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Vital	ician: The certificata rector, pag	Bec	25. Was case referred to medical						26 Plac	e of Deat	h (Check only			
>		0	examiner? 1 ☐ Yes 2 ☑ No	Hospital: 1 ☐ Inpatier	nt 2 ER/Ou	tnatian	t 3□ DO	A Oth	or.			Idance 8 🕱 O	ther (Specif	IN PATIENT
of		T:U	27. Manner of Death	28a. Date of Injur	y 28b. 1	Ime of		Bc. Injur Wor				how injury occi		" "IUSPICE
9		tio	1 Natural 5 Pending 2 Accident invastig		Year) li	njury	м		k? Yes 2. □	No				
ivision	or Attending after death. Director: After In by the fune	flea	3 ☐ Suicida 6 ☐ Could n	ot be 28e. Placa of Inju	rv - At home, fa	rm, stre	et, factory	office	-		28f. Location	(Street end Nun	nber or Run	al Routa Number,
6	aftar Direct	Certification:	4 Homicide	building, etc							City or To	wn, Stete)		
	To the Hospital or At within 24 hours after o To the Funeral Direct completely filled in by		29a. Certifier 15 Certifying	Physician: To the best of	f my knowledge	daath	occurred a	at the tir	ne date ar	nd place	and due to the	cause(s) and r	mannar as s	tated
	E La La La La La La La La La La La La La	Medical	(Check only 2 Medical E	xaminer: On the besis of and manner sta	examination and	d/or inv	astigation,	In my o	pinion, das	th occur	red at the tima	date and place	, and dua to	tha cause(s)
- 100	To the within To the	Me	29b. Signatura and title of certifiar				29c.	. Licens	e number			29d. Data sign	ned (Month,	Dev. Year)
	- × + ö		· DI	211 -				T	477	07		7	1	
	10		KITA P	avia my	/				, ,	01		0010	3/96	1
	17		30. Name and address of person v		ath (Item 23a) (Type, F	Print)				- D-			21204
			rita tabla	MD -6565	NOILT	H	CHA	KLE	5 5	REE	1 BA	TIMORE	:, m1)	1 21204
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	Registi	ar	חטע סיי יידי											



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3 Time of Death Day 2, **Physician** Wd1KEK 1996 10:30 a.m. -loradeen August /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore City 1923 E. Lafayette Street 7. Age (In yrs. lest birthday) If Under Months If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 6. Sex 9. Birthplace (State or Foreign Country) Maryland **Funeral** 1□M 2¥F 60 215-30-9561 Yrs. Director 7/29/36 Usuel Residence of Decedent the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-Lahow Examiner must be notified at MD Baltimore 1 Yes 2 □ No Director 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 21213 U.S. 238 1923 E. Lafayette Street Funeral Hems 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 11 Marital Status 14. Rece - American Indian. filed within 72 hours after of Hygiene. Other than "natural", or Res Biack, White, etc. 1 Yes 2 No If Yes, Give Year or Detes: 1 Never Merried 2 Married Maryland 21215-0020 ò 1 ☐ Yes 2 ☐XNo Specify: Specify: Black Completed by 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use ratired) Elementary/Secondary (0-12) College (1-4or 5+) DSS 9th Social Worker 17. Father's Name (First, Middle, Last) 18. Mother's Name (First Middle Meiden Sumame) Be and 2 should be selfh and Mental 7 is marked of traumatic evi Louise Saunders John Saunders 19b. Mailing Addrass (Street end Numbar or Rurel Route Number, City or Town, Stata, Zip Code) 1640 Heathfield Rd.; Baltimore, MD 21239 19a. Informant'a Name/Relationship (Typa, Print) of Health of them 27 in Dornice White, Daughter 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State Pager 1 ☐ Surial 2 ☐ Cramation 3 ☐ Removel from State = 5 4 ☐ Donation 5 ☐ Other (Specify) 8/7/96 Arbutus Mem. Park Baltimore, MD 21. Signature of Funeral Service Licenses 22. Name end Address of Facility Unity Funeral Home the disease, or complications that capture the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.

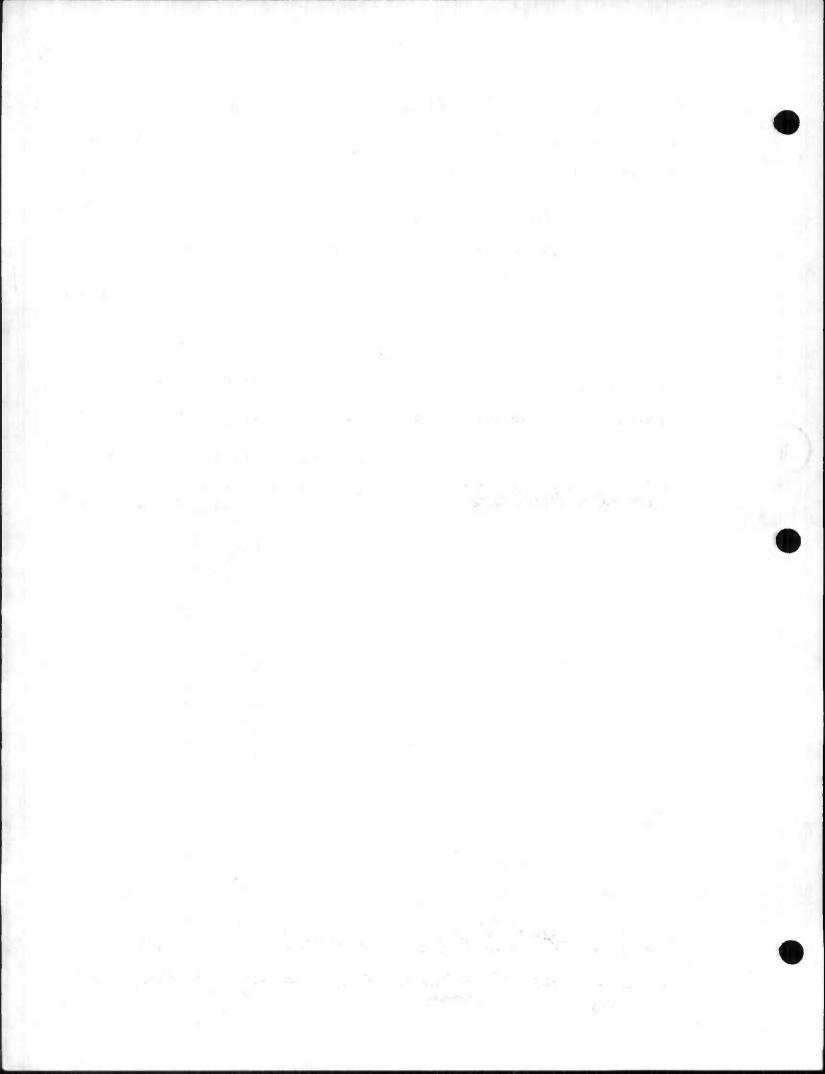
Approximate oseph K. Walter Approximate Interval Between Onset end Death **Physician** /Medical Immediate Causa (Final disease or condition resulting In death) Cardiovascular dispase Examiner Due to (or as a consequence of): Physician/Medical Examiner betes Mellitus

Dua to (or as a consequence of): The law requires that the deeth certificate be executed the burial-transit Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Causa (Disease or Injury that initiated events resulting in death) Last Box 68760, per tension use Part ff. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. P.O. 23b. Did tobacco use contributs to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, à Completed 24b. Were autopsy findings 24a. Was an autopsy available prior to completion of ceuse of death? certificata 1 ☐ Yes 2 No 1 Yes 20 No To the Hospital or Attending Physician: within 24 hours efter deeth.

To the Funeral Director: After this certified completaly filled in by the funeral director, I 25. Was cese referred to medicel examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Vas 2 No Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) Certification: To 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how Injury occurred 1 Natural 5 Panding Investigation 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be detarmined 28e. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

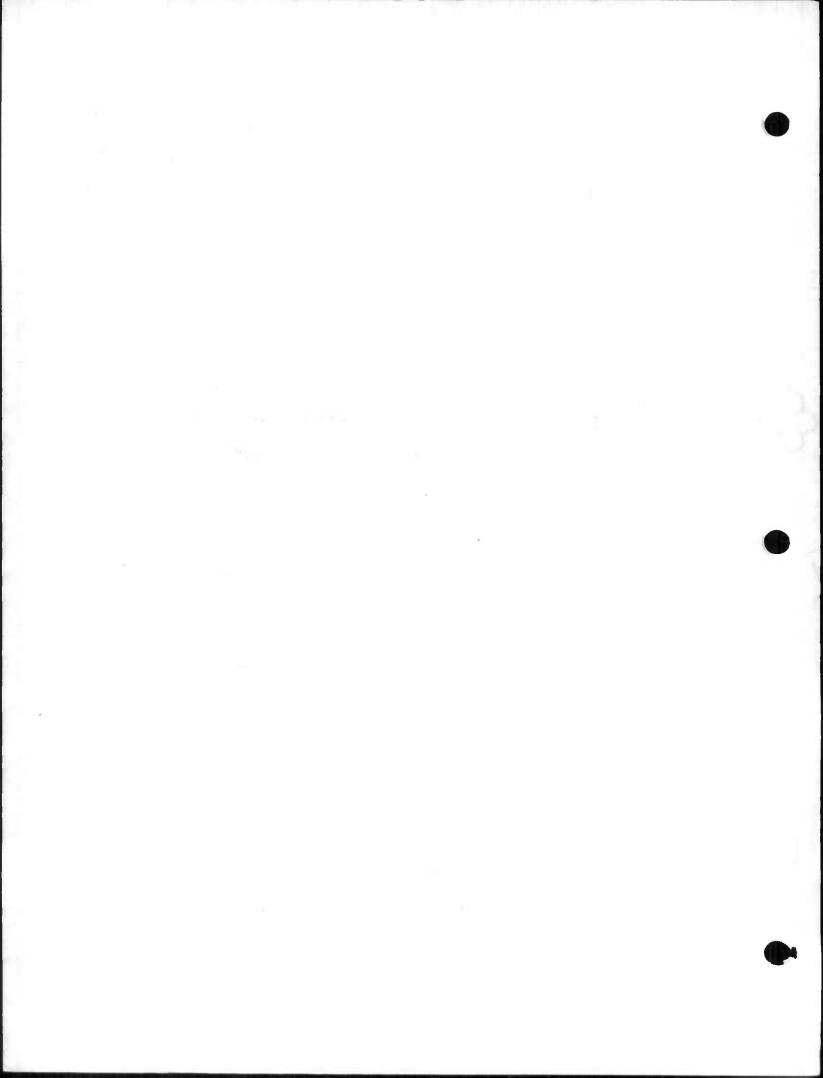
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. Medical 29a. Cartifiar (Check only one) 29c. License number 29b. Signature and title of certifier 29d. Date signed, (Month, Dey, Yeer) use of death (Item 23a) (Type, Print) State

Registrar



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Dy th	2		900
TO THE HIGSPITAL A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h	TO THE THE CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detay		ASSOCIATION OF Its monday as them 90 about taking or able or and a second of a confined analysis as a second of
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d with	mplet	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Same
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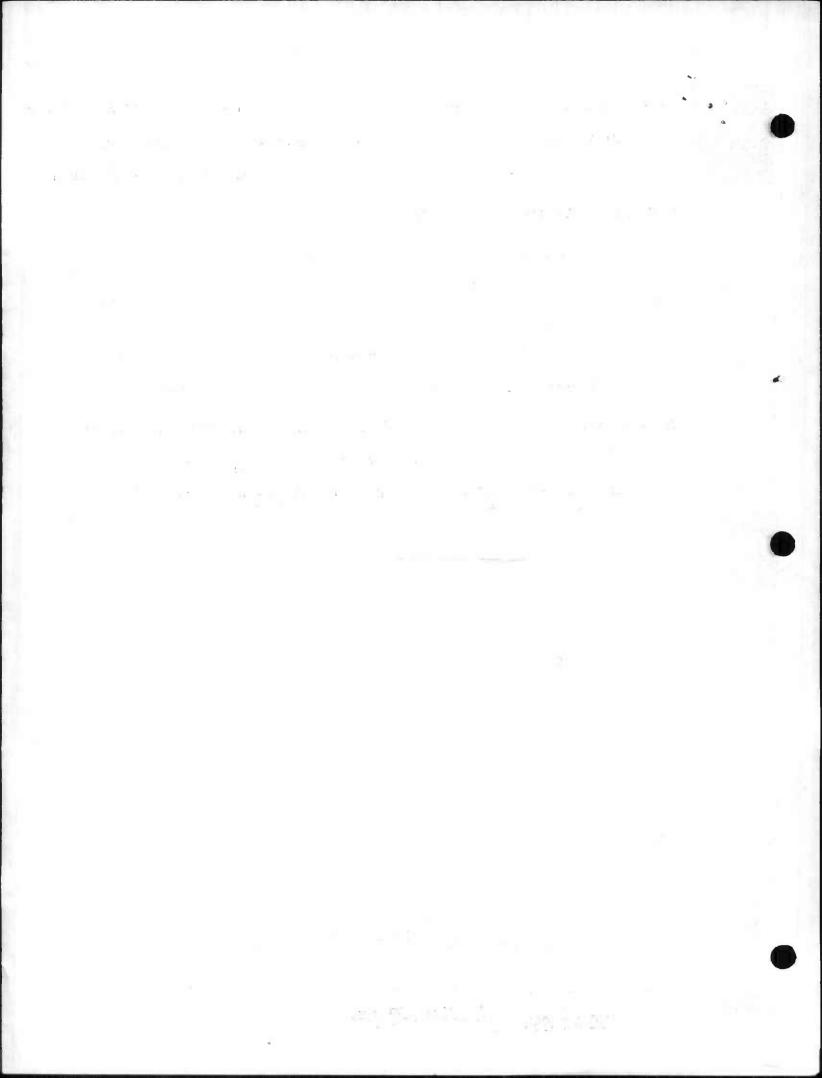
	1. DECEDENT'S NAME (First, Middle, Lest)	Zi	MME	RMA	N			2. OATE MDNT AU	OF OEATH	19	96	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-07-4558	5. SEX 1 M 2 X F	6. AGE (In yrs. las 82	t birthday)	F UNDER 1 Y	AR IF UNC	ER 24 HRS. MIN.	7 DATE	OF BIRTH	1	A. BIRTHPL	ACE (State or Foreign Aryland.
	9a. FACILITY NAME (If not institution, give s		- 0) 5		WN OR LOCA		EATH		9c. COUN	TY OF OEA	TH
DIRECTOR	LVY HAI GI	ERIATR	IC LEA	HER	B	Altin	1021	<u>e</u>		BA	time	ORE
E C	10a. STATE 10b. COUNTY	1		10c. CITY,	TOWN OR L	OCATION		-				Dd. INSIDE CITY
	Md.	Baltimore	2			F	ssex				1	LIMITS?
FUNERAL	10e. STREET AND NUMBER		-			101. ZIP CO	DE			10g. CITIZ	EN OF WH	AT COUNTRY?
NE I	807 Mace Ave.	12. WAS DECEDENT			1			221			SA	
BY	1 Never Married 2 Married 3 XWidowed 4 Divorced		YES 2 X		If ye	PES 2 TO	ban, Maxica	an, Puarlo	N? (Specify Yea Rican, etc.)	or No—	14. RACE — Black, \ Specify:	American Indian, White, atc. White
	15. DECEDENT'S EOU (Specify only highest grade	CATION completed)		CEDENT'S US			kina	161	. KINO OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	life	Cafet	retired.)	y most or wor	an ig		Bal ⁴	to. c	ounty	,
ő	17. FATHER'S NAME (First, Middle, Last)					18. MC			Middle, Malden			
BE (Joseph Walig	orski					Ma:	ry F	rancis	z!cows	ki	
2	19a. INFORMANT'S NAME (Type/Print)		194						ber, City or Town	n, Stete, Zip	Code)	
	Joseph Zimmerm	an	1			larfor	d Roa	_	Baltin			
	1 Surial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	cematery, cra	AND DATE OF matory or othe ROSA P	r place)			8/10			or Town	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	THOLY	1		ME AND ADD			DO DO	AL CIM	OLE I	10.
	* R. Terr	y Con	nell	4	31	n Mac	O ATO	o R:	1 Home	ro Ma	213	221
	23. PART I. Enter the diseases, or cehock, or heart fellure.	complications that List only one caus	coused the de se on each line	ath Do not	enter the	mode of	lying, suc	ch ss csr	diec or respi	ratory sm	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Ar	demi	a								Onset and Death
	resulting in deeth)	DUE TO (OR AS A CONSE	OUENCE OF):								
Z.	Sequentially liet conditions,	W	genero		J	oint	7 (Lise	ase			
E I	If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OF AS A CONSE	OUENCE OF):								
FIC	CAUSE (Disease or Injury that initieted events	c. DUE TO	OR AS A CONSE	OUENCE OF:								
CERTIFICATION	resulting in death) LAST	d										
	PART II. Other significant condition	s contributing to	death but not i	resuitina in	the unde	lvina ceus	given In	Part I	24s. WAS AN	AUTOPSY	24h W	ERE AUTOPSY FINDINGS
MEDICAL						,,,	g		PERFOR	MED	A	WAILABLE PRIOR TO OMPLETION OF CAUSE
									1 TYES 2	NO NO		F DEATH?
_ "	DID TOBACCO USE CONT	RIBUTE TO CAL	JSE OF DEA	TH YES		UN 🔲	ICERTAI	N \square				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLAC	E OF DEATH		one)						
PHYSICIAN:	1 YES 2 NO	1 Inpetiant 2 I		DOA 4		Homa 5 🗌	Realdence	8 🗆 Oth	er (Specily)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		28b. TIME (Y	WORK?	□ NO	28d. DE	SCRIBE HOW I	NJURY OCC	URED	
8	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF building, a	FINJURY — At ho tc. (Specify)	oma, farm, atr	et, lactory,	offica			CATION (Street a or Town, State)	nd Number	or Rural Rou	ite Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of ax										nd manner as stated.
												111111111111111111111111111111111111111
BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	ne	m	\supset			Z) (د ا	29d. DATE	RIQ I	fonth, Dey, Year)
	30. NAME AND ADDRESS OF PERSON WH	n	E OF DEATH (ITE		Eu t	D	314	464	308	▶ 8	3/8/	fonth, Day, Year) 96 mp 2120



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 23693

Physic /Med Exam		a me it is an amount of the said of	8/7/96ag pe	rDr.	Certificate of	Deam	F	Reg. No.				
/Med	cian	1. Decedant's Name (First, Middia, L.	est)				2. Dete of Dea	th Dev	Year	3. Time of D		
Exam		Jane McGraw		erson			July		1996	9:45 a		
	iner	4a. Fscility Nema (If not Institution, gi				4b. City, Town, or L	ocation of Deeth	4c. County	of Death			
		Stella Ma			Milledge 4 V	TOWSON	1		IMORE			
Funera Directo			Sax 7. Age	(In yrs. last bir	thday) If Under 1 Ya Months Da		8. Data of Birth (Month, Day June 23		9. Birthpi Count PENNS	aca (Stata or F try) YLVANI		
ter death with the Maryland frems 23s or 28s-f show free must be notified at	tor	10a. Stete 10b. County MARYLAND BALTIN		10c. City, Town					10	od. inside City		
T 28s	Director	10e. Street and Number			10f. Zip Cod	le	T	10g. Citizen of V	What Count	try?		
h with		4807 Long Gree	en Rd.		21	L082		USA				
72 hours after death with the Maryland naturel, or Items 23a or 28s-f show fical Examiner must be notified at	by Funeral	11. Marital Stetus 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedant Ev Armed Forces? 1 Yes 2 Volume	.,,,	13. Was Decedent If Yas, specify C	of Hispanic Origin? (Sp Cuban, Maxican, Puarto No <i>Specify:</i>	pecify Yes or No- Rican, etc.)	14. Rec Bled	e - Amarica ok, Whita, a	itc.		
d 2 should be filed within 72 hours aft th end Mental Hygiene. 7 is marked other than "natural; or i traumatic event, the Medical Exercit			Yeer or Detas:	400	December 11 and Oc	SHEWS 2						
in 72	Completed	15. Decedant's E (Specify only highast gr	ada completed)		Decedent's Usual Oc (Give kind of work do life, DO NOT usa re	cupation ina <i>during most of work</i> tired)	ing	16b. Kind of Bu	usinass/Ind	ustry		
filed within Hygiene. ther than	I L	Elemantery/Secondary (0-12)	Collega (1-4or 5+))	Housewif			Own Ho	3m0			
be filed ntal Hygind other event, the		17. Fether's Nama (First, Middla, Las.			1100000	18. Mothar's Nam	a (First, Middla,					
Mental Mental arked o	To Be	Thomas	3	McGraw			Olive 1	Rhody	15.			
d 2 should b th and Ments 7 is marked traumatic e	-	19e. Informent's Name/Ralationship	(Type, Print)	19b	. Meiling Address (Str	reet end Number or Rur			Stata, Zio	Coda)		
CENL		Susan Brocato										
bernit. Pages 1 and 2 Department of Health Mportant: If Item 27 is iny Injury or other tri		20e. Method of Disposition		20b. Plece of	Disposition (Name of	brook Rd.	Date	20c. Location -	City or To	wn, Stata		
permit. Pages 1 and Department of Healt Important: If Item 27 any Injury or other if once		4 □ Donetion 5 □ Other (Speci	fy)		Crematory	, Inc.	31 JULY	Catons	/ille	, MD		
Depar Impo		Cemetary cramatory or other place)										
Physician /Medical Examiner		23a. Psrf1. Enter the disease, or con shock, or heart failure. List only tmmediate Cause (Final disease or condition resulting in death)	nplications that caused to one cause on each line		Contract of	dying, such as cardiac				Approximate intarval Batwe Onset and Dec		
death certificate be assecuted estending physician and of or use as the burial-transit	edicai Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or injury thet initiated evants	b. CHRONIC	CEREBR us to (or as a c	consequence of): OVASCULAR consequence of):	DISEASE				YRS.		
E 200	2	rasulting in daath) Last	d				_					
that the ed by th detache	y Physician/	Pert tt. Other significant conditions of MUTLIPLE STROKE		not rasulting in	tha underlying causa	givan in Part I.		obacco use col		the ceuse of c		
pinodi should	Completed by						24a. Was a		ave	ra sutopsy find ileble prior to applation of cau- leath?		
sician: The Int certificate has t lirector, page 2 s	E O						1 🗆 Y	es 2 No	1□	Yas 2□ No		
lan: rtifice	Be	25. Was casa referred to medical				26. Pleca of Deat	h (Check only o					
yaici is ce direc	2	examiner? 1 ☐ Yes 2 <mark>X</mark> No	Hospital:	2 ER/Ou	tpatient 3 DOA	Othar: 4 Nursing Ho	oma 5 Rasid	ance 6 D0th	ar (Specify)		
Attending Physician: or death. ector: After this certific by the funeral director.		27. Mennar of Death 1 Natural 5 Panding 2 Accident invastigatio	28a. Deta of Injury (Month, Day)	(ear) 28b/1		njury st Work?	28d. Describe h					
after des Director d in by th	Certification:	3 Sulcide 6 Could not be determined		- Ayhoma, fa (Specify)	rm, street, factory, offi	СВ	28f. Location (S City or Tow		er or Rural	Route Numbe		
To the Hospital or Attending Physician: The within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edicai C	29a. Cartifiar (Check only one) 1 ☐ Certifying Pt 2 ☐ Medical Exam	nyelcisn: To the best of a miner: On the basis of a end mennar state	xamination and	, daath occurred at the d/or invastigation, in m	e tima, data and placa, ny opinion, daath occur	and dua to tha c red at tha time, c	ause(s) and ms	nner as sta and due to	ated. the cause(s)		
	Me	29b. Signetura end titla of certifier		2	29c. Lic	1550 4	9	29d. Data signed		Day, Year)		
To the within To the comp												
To the within To the comp		30. Name and addrass of person who Eddie Nakhuda, M				oad, Towson	. MD 2	1204				



96-4489-005 1. & 3.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ELIZABETH

ITEMS: 23 PART I, 27, PER MEO FILM G-738 8/23/96 t.t

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

23694

Physician	
/Medical	
Examiner	

1. Decedent's Name (First, Middle, Last) CAITLIN -E.

ALEX

2. Data of Death

3. Time of Death 1834 HRS.

AUGUST

111 Penn Street, Baltimore, Maryland 21201

Day 9 1996 9-34 P. M.

Funeral

Director or 28a-f show

Items 23a

permit. Pages 1 and 2 should be liled within 72 hours after Department of Health end Mantel Hygiane. Important: If Item 27 is merked other than "naturel; or Ite any Injury or other traumetic event, the Man all Engineers once.

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

Physiclan/Medical Examiner To the Hospital or Attanding Physician: The law requires that the death certificate be execu within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the attending physician end completely filled in by the luneral director, page 2 should be datached for use as the bunal-tra Medical Certification: To Be Completed by

Division of Vital Records, P.O. Box 68760

4a.	Facility Name (If not institution	on, giva straat and n	um <i>ber)</i>				4b. Cify, Town,	or Location of Daa	th 4c. Coun	ty of Deat	h	
F	RANKLI	N SOU	ARE HOSI	PITAL				ESSE	X	R	A T. T. T	MORE	
	Social Sacurity N	6. Sax	Sax 7. Aga (In yrs. last birthday) if Under				if Undar 24 I	Irs. 8. Date of B	irth		hplace (State or Foreign		
	N/A		1□M 2025F		Yrs.	Months 1	Days	Hours M	6/24	/96	MARYLAND		
	ual Residence o	1											
	a. Steta	10b. Count		10c. C	City, Town or L	Location				4		10d. inside City Limits	
g M	IARYLAND	BAL	TIMORE	M	HITE M	IARSH						1 ☐ Yas 2 ☐ /(No	
100	e. Straat and Nu		RT			10f. Z	ip Code 212	236		10g. Citizen of		untry?	
5 11	Marital Status		cedent Ever in	115 13	if Yes, specify Cuban, Mex			spanic Origin? (Specify Yas or No- n, Mexican, Puarto Rican, etc.)					
5	XIX Never Marri		rried Armed F	Armed Forcas? 1 ☐ Yes 2 ANo If Yes, Give Yaar or Dates:									
3		15. Dacede	nt's Education		16a Dece	edent's Usi	ual Occu	nation		16b. Kind of E			
		cify only highe	est grada completed		(Give	a kind of w	ork dona	during most of ad)	working	TOD. KING OF	Jusinesari	industry	
	Elementary/Seco	ondary (0-12)	College	(1-4or 5+)		N/A				N/	N/A		
17.	Father's Name	(First. Middle	Last)			14/1	2	18 Mother's I	Name (First, Middle				
			EX, JR.						IN FOLDE		ille)	·	
									-				
			ship (Type, Print)						Rurel Route Numi			Zip Code)	
R	OBERT G	. ALEX	, JR.	FATHER	₹ 46	LERN	VER (COURT E	BALTIMORE	, MD 2.	1236		
208	a. Method of Disp		o []		Place of Disp cemetery, cre	ce of Disposition (Name of netery, crematory or other place) ELAND MEMORIAL PARK			Dete	20c. Location	20c. Location - City or Town, State HILLENDALE, MD		
	4 Donation		3 □Removal from Specify)	11111111					8/12/96	HTITE			
21.	. Signature of Fu	neral Service	Licensee	PIC	7			ess of Facility	0/12/90	11111111	MUNIT	5 / PID	
tmr	mediate Ceuse ((Final	or complications that t only one cause on	each line.	un. Do not er	nter tha mo	da of dyl		BLVD. T	OWSON , I	MD 2	Approximate Interval Between Onset and Death	
dis	disease or condition resulting in death) SUDDEN INFANT DEATH SYNDROME (SIDS) Due to (or as a consequence of):												
Sec if a cau Car tha res				D00 10 1	(OI as a collse	squerice or,	,.				- 1		
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ifa	quentially list cor my, leading to Im use. Enter Unde use (Diseese or	nditions, nmediate		D00 10 1	(UI as a CUIISE	s a consequence of):							
Car	use (Diseese or it Initiated events	Injury	c	c. Dua to (or as a consequence of):									
res	ulting in death) L	Last		Dua to (or as a conse	quence of)	•						
			d										
Pari	t II. Other signifi	Icant condition	ons contributing to d	leath but not re	sulting in the (underlying	cause gi	ven in Part I.	23b. Did	tobacco une co	ontributa	to the cause of death?	
									1 🗆	Yae 2 No	3□Pr	obably 4 Unknow	
,											_		
									24a. Was	s an autopsy ormed?	8	Were autopsy findings available prior to completion of cause of death?	
25.									1/2	Yes 2 No	1	Yes 2 No	
25.	Wes case referr	red to medica	al					26. Piace of I	Death (Check only	one)			
	axaminer? 1 X Yas 2 □ I	No	Hospitai:	Inpatient 2	XER/Outpetle	ent 3 D	OA Ott	her:	Home 5 Res		her (Sner	rifu)	
27.	Manner of Death	h	28a. Date	of Injury oth, Day Year)	28b. Time o		28c. Inju Wo			how injury occu			
	1 XXNatural 2 Accident	5 Pendin Investig	20		Injury	м		rk?]Yes 2 ∐No					
	3 Suicide 4 Homicide	6 Couid determ	not be 28e. Place	28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)				28f. Location (Street and Number or F City or Town, State)			ber or Ru	ral Route Number,	
29a	a. Certifier (Check only	1☐ Certifyir 2☐ Medical	ng Phyalcian: To the Examiner: On the b	asis of examina	owledge, deat ation and/or in	th occurred	l et the ti	me, date and pla	ice, and due to the courred et the time,	cause(s) and m	enner es	steted. to the cause(s)	
204	onej	**	and mer	ner stated.									
290	. Signature and	rine or centre	D (11 0.		29	U. LICENS	se number		29d. Data signe	ed (Month	o, Day, Year)	
	W	Morte	John	Incl			0.	C.M.E.	Z	AUGUST	10,	1996	

State Registrar 31. Date filed (Month, Day, Year) AUG 1 2 1996

30, Name and address of person who completed cause of death (item 23a) (Type, Print)

D. KOREWIND

32. Registrar's Signatura

Straffers July 100 1 1 OUA

the second of Pilots of Asia and all

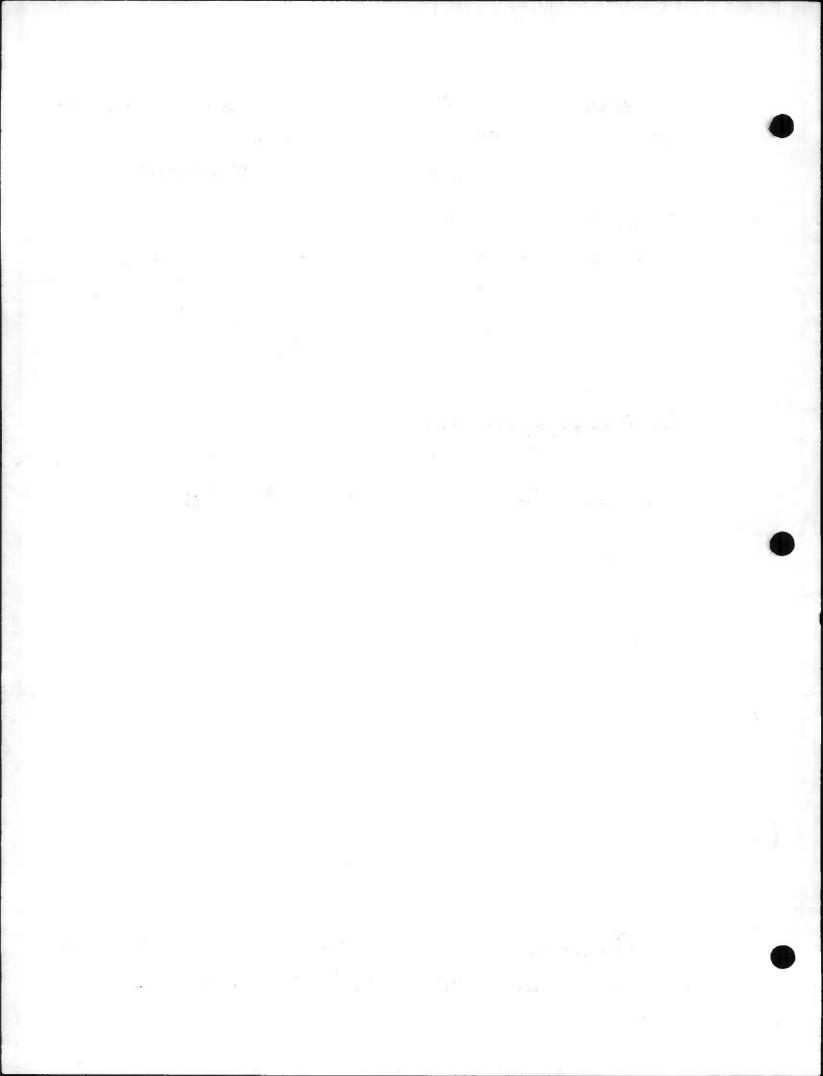
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State of Maryland / Department of Health and Mental Hygiene 96

96 23695

					Ce	rtificate d	of Death	В	eg. No.	w 6	.0030	
	Physician /Medical		1. Decedent's Nema (First, Middle, L	AL-SH	IAMALI		2. Deta of Dee Month	th Day Y	ear K6	3. Time the		
	Exami		4e. Fecility Nama (If not institution, g しんいとないてく ら	ive street and number)			4b. City, Town,	or Location of Death	4c. County of	Death / A		
	Funeral Director		5. Social Sacurity Number 8. UNKNOWN Usuel Residence of Decedent	Sex 7. Aga (1	in yrs. last birthdey 29 Yrs.	Months De		Hrs. 8. Deta of Birth Min. Month, Day	Ypar 1967 °	. Birthplac	ha Qate	
Mandand	f show led at	or	10a. Stete 10b. County	11	Oc. City, Town or L					10d	Inside City Limit	
with the	a or 28a t be noti	I Director	10e. Street and Number 1200 M150	CONSIN		10f. Zip Cod	,	1	0g. Citizan of Who	at Country	?	
21215-0 within 72 ho	"naturel", or flame 23s or 28s-f show edical Examiner must be notified at	To Be Completed by Funeral	11. Meritel Status 1) Never Marriad 2 Married 3 Widowed 4 Divorced	12. Was Decedent Eve Armed Forces?		Was Decedent of Yas, specify C	of Hispenic Origin Juban, Mexican, P	? (Specify Yes or No- uarto Rican, etc.)	14. Raca - Bieck, Specify:	American White, etc		
	ital Hygiene. d other than "natur event, tra Medical		15. Decedent's I (Specify only highest g Elementary/Secondery (0-12)	Education rade complated) Coilega (1-4or 5+)	(Give	dent's Usuel Oc a kind of work do DO NOT use re OME	na during most of	working .	16b. Kind of Busines			
5 8	d d		17. Fether's Neme (First, Middla, Las	ar AL-sh	amali		18. Mother's	Neme (First, Middle, I	Meiden Sumeme) AL-Abo	lutt	a	
	9 9		19e. Informent's Neme/Reletionship	(Type, Print)	AR H	200 0	UISCON	Rural Route Number		eta, Zip Co	ode)	
0 00	5 = 5		20e. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Spec	☐Removei from Stete		osition (Neme of metory or other)		8/5/96	DO HA		, Stete) A TA	
Balt	Department Important: Il any injury o		21. Signeture of Funerel Service Lice	Rus	2	2. Nama and Ad	dress of Facility	th me		md	2121	
PI	hysician	-	23a. Part1. Enter the diseese, or conshock, or heert feilure. List ont	nplications that caused the y one cause on each line.	e deeth. Do not en	iter the mode of	dying, such as car	diac or respiretory em	est,	A In	pproximate iterval Between inset and Deeth	
	Medical xaminer		Immediete Cause (Final disaese or condition rasulting In daeth)	a. Puno	NAM e to (or es e conse	Hupenes of):	المار، ما			1		
2	##	ine		CHRON	IC PULL	maran	EMBOL	45				
5U,	sian end vurial-trans	I Examiner	Sequentially list conditions, if eny, leading to immediate cause. Entar Underlying Cause (Disease or Injury that is littled asset)		Due to (or es a consequence of): PROTE ~ C DEFICIENCY							
.O. Box 68760, the death certificate be executed	anding physician end use es the bural-transit	VMedical	thet initieted events resulting in daeth) Last	Due Due	Eneromy			6 02-15				
Bath o	d for us	by Physician	Dort it Other elapiticant conditions	annielle stime to doubt has	at sociétios in the	sulting in the underlying cause given In Pert I.			23b. Did tobacco use contribute to the cause of death			
Records, P e law requires that hes been signed b	ed by the detacher		Partit. Other agrinicant conditions	contributing to death but n	not resulting in the t				1 Yee 2 No 3 Probably 4 Unit			
	s been s 2 should	Completed b						24e. Wes e perform		availa	eutopsy findings able prior to letion of causa eth?	
	page ,	Con						1 🗆 Ya	as 2 No	1 🗆 Y	es 2 No	
VITA	pertificate pector, pag	Be	25. Wes case referred to medical exeminer?	Hospital:				Deeth (Check only on	e)			
	A Marina	tlon: To	1 Yes 2 No 27. Mannar of Death 1 Neturel 5 Pending 2 Accident Investigation	Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidence 8 28e. Dete of Injury (Month, Dey Year) 28b. Tima of Injury M 1 Yes 2 No								
lor An	offer the Director d in by m	Certification:	2 Accident Investigation 3 Suicida 6 Could not determined	be 28a. Pleca of Injury	28a. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify)					28f. Location (Street and Number or Rural Routa Number, City or Town, Stete)		
- Hospital	2 1 2	edical C			aminetion and/or In				e, end due to the cause(s) and manner es stated. urred et the time, dete end place, and due to the cause(s)			
To th	within 2 To the comple	Me	29b. Signeture and title of cartifier			22 100	anse number	2	29d. Dete signed (Month, Dey,			
	1		1 pull			- Di	16015		AVEUST 2, 1996			
	5		30. Name and address of person who	vice paper	32 70 Se 0	Print) CF (4)	1010 Teto PMC 2 ST.	ne somen Brumon) <u>, </u>		
	Sta Registr	_	AUG 1 2 1996	32. Registration	CAMPARTURA							



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State of Maryland / Department of Health and Mental Hygiene Certificate of Death

23696

Physician
/Medical
Examiner

1. Decedent'a Name (First, Middle, Last)

2. Data of Death Month

3. Time of Death

10d. Inside City Limits

Approximete Interval Between Onsat and Deeth

HOURS

HOURS

1 Yes 1 No

10:00 AM

the Manyland show

Physician /Medical Examiner

physician and s the burial-trans 98 for use es ed by the e signed b should t page 2 certificate

Box 68760

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Records.

Division of Vital

that the death certificate be executed The lew requires replie or Attending Physicien: Treport after death.

The Director: After this certificate y filled in by the funeral director, pa 20

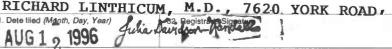
JAMES BARRELL, Sr. Bradford **AUGUST** 8, 1996 4e. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death SAINT JOSEPH MEDICAL CENTER TOWSON BALTIMORE H Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Months, Day Hours Min. June 21, 1937 5. Social Security Numbar 6. Sax 7. Aga (In yrs. last birthdey) 9. Birthplace (Stete or Foreign **Funeral** 1 □XM 2 □ F New York 213-34-8160 59 Yrs. Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or itema 23a or 28a-f shor traumatic event, the Modical Examinar must be notified at Md. Baltimore Timonium Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Heelth and Mental Hygiene. Important: If them 27 is merked other than "natural", or itema 23a any injury or other traumatic event, the Men 305 Pressway Rd. 21093 USA Funeral 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lt Yes, specify Cuben, Maxican, Puerto Rican, etc.) 11. Maritai Status 14. Raca - American Indian, Bleck, White, etc. 1 ☐ Yes 2X No If Yes, Give Yaar or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: by 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Coilege (1-4or 5+) Elementery/Secondery (0-12) Self Employed Business Owner 17. Fether'a Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Harold B. Barrell Gladys Crance 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 305 Pressway Rd. Timonium, Md. 21093 19a. Intormant's Name/Relationship (Type, Print) Jane Barrell/Wife 20b. Pieca of Disposition (Neme of cematary, cremetory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, Stata 1 XBuriai 2 ☐ Cremetion 3 ☐ Removal from State Dulaney Valley Memorial 8/12/96 Timonium, Md. 4 ☐ Donation 5 ☐ Other (Specify) Gardens 21. Signature of Funeral Service Licum 22. Name and Addrass of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23a. Pert1. Enter the disease or complications that caused the daath. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart tailure. Unit only one cause on each line. Immediate Cause (Final RESPIRATORY FAILURE disaase or condition resulting in deeth) PULMONARY EDEMA Examiner Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disaasa or injury that initiated events resulting in deeth) Last Due to (or as e consequence ot): REFRACTORY SHOCK Physician/Medicai Dua to (or as a consequenca of): Part It. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. VENTRICULAR ARRYTHMTA Q

HOURS 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy tindings available prior to complation of cause of deeth? Be Completed 24a. Wes en eutopsy performed? 1 ☐ Yes 2X No 1 ☐ Yes 2 🛣 No 25. Was case reterred to medical 28. Pleca of Deeth (Check only one) Other: 4 Nursing Home 5 Rasidence 8 Other (Specify) 1 ☐ Yes 🏖 No 2 1 X Inpatient 2 □ ER/Outpatient 3 □ DOA Menner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not be determined 3 Suicida 28f. Location (Streat end Number or Rural Route Number, City or Town, Stete) 28e. Place of injury - At homa, farm, straet, factory, office building, etc. (Specify) 4 D Homicide Medical 29e, Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piece, end due to the cause(s) and menner as stated. Medical Examinar: On the bests of examinetion and/or invastigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) end manner stated. 29b. Signatura and title of certifier 29c. Licansa number 29d. Dete signed (Month, Dey, Year) MU

D 31826

TOWSON, MARYLAND

31. Dete tiled (Manth, Day, Year) State AUG 1 2 1996 Registrar



30. Name and address of person who completed cause ot deeth (Item 23e) (Type, Print)

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DHMH 16 Bey 6/95

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State of Maryland / Department of Health and Mental Hygiene 96

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Dhyois	ion	1. Decedant's Nama (First, Middla, La	st)				2. Data of D Month	aath	3. Tima of Death			
Physic /Med		ERNEST	F.			BRAATZ	AUGUS	ST 10,	1996 9:31PM			
Exami		4a. Facility Nama (If not institution, given	a street and number)				or Location of Dea	th 4c. Count	y of Death			
		PRINCE GEORGE	S HOSPITA		CHEVI		PRIN	ICE GEORGES				
Funeral Director		5. Social Sacurity Number 6. S 146–28–7256	Sax 7. Aga IOM 2□ F	(In yrs. last bii			Hrs. 8. Data of Bi (Month, D 8/8/3	irth ay, Year) 36	Birthplaca (Stata or Foraign Country) NEW JERSEY			
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the Mar 28a-f al	Directo		MORE	50	NDALK-	DUNKIRK			1 ☐ Yas 2 ☒ No			
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or the	by Funeral	11. Marital Status 1 Navar Marriad 2 Marriad 3 Widowed 4 Divorcad	Armed Forcas?	1 X Yas 2 □ No If Yas, Giva		t of HispanIc Origin? Cuban, Maxican, Pt ≸No <i>Specify:</i>	⁹ (Specify Yas or N uarto Rican, atc.)	o- 14. Ra	ce - Amarican Indian, ck, Whita, atc.			
72 hours naturel,	Completed	15. Dacadant's Ed	15. Dacadant's Education cify only highast grada complated)			Occupation		16b. Kind of B	ind of Businass/Industry			
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d 2 should be file th and Mental Hy 7 Is marked oth traumatic event		19a. informant's Name/Raiationship (Type, Print)	19b	. Mailing Addrass (S	treet and Number or	Rural Routa Numb	ber, City or Town	, Stata, Zip Code)			
1 and 2 Health and 27 lem 27 lem 27 lem 4 tra		ROMILDA BRAATZ	WIF	E 29	971 CEDAR	WOOD LANE	DUNKIRK	, MD 20	754			
00-		20a. Mathod of Disposition 1 № Burial 2 □ Cramation 3 □	Ramoval from Stata	20b. Piace of comata	Disposition (Nama ry, cramatory or othe	of r place)	Data		- City or Town, Stata			
tment:		4 □ Donation 5 □ Othar (Specif	y)	GRACE	LAND MEMOR	RIAL PARK	8/14/96	KENII	LWORTH, NJ			
permit. rage Department of Important: If any Injury or once.		21. Signatera of Funeral Sarvice Licensee 22. Nama and Address of Facility JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. TOWSON, MD										
/Medical Examiner	Examiner	Immediata Causa (Final disaasa or condition rasulting in death) Dua to (or as a consequence of):										
axecu an and nal-tra		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	D	Dua to (or as a consequanca of):								
eath certificate be axecuted attending physician and for use as the bunal-transit	Medical	Cause (Disaasa or injury that initiated evants rasulting in daath) Last	C. Dua to (or as a consaquanca of):									
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he death c	sicis	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause										
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he law requires the has been signed age 2 should be	Completed b						24a. Was	an autopsy ormad?	24b. Wara autopsy findings available prior to completion of cause of death?			
sician: The li certificate he lirector, page	5						rel	Yas 2□No	112 Yas 2□ No			
	Be (25. Was casa referred to medical			26. Placa of		Death (Check only					
Q 00 Z	2	axaminar? XIXYas 2 □ No	Hospital: 1 inpatiant XXER/Outpetient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify)									
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or Attending after death. Director: After I in by the fune	Medical Certification:	3 ☐ Suicida 6 ☐ Could not be 4 ☐ Homicida datarminad	28a. Place of injury building, atc.	28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)				28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)				
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To the within 2 To the complet		29b. Signatura and titla of certifiar	and mannar state	d.	29c. Licansa number			29d. Data signed (Month, Day, Year)				
F ≤ F 8		Market A	elfhell) M					AUGUST 11, 1996			
20		30. Nama and addrast of person who o			Type, Print) nn Stree	t, Balt:	imore, N	Marylan	nd 21201			
		31. Data filed (Monfo I Per Year)	32. Registrar									

State Registrar 32. Registrar's Signatura

WINE IN A PROPERTY seem number of a number of

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death ITEM:19a per F/H G742 12-10-96 eoh 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month MATTIE BARKSDALE Sugues 1996 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth BALTIMORE MEDICAL CENTER If Under 24 Hrs. 8. Date of Birth (Month, Pay, 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year 9. Birthplace (Stete or Foreign 214-22-7918 1□M 2XF Deys 1902 Ge Months Usual Residence of Decedent 10b. County 10c, City, Town or Location 10d. Inside City Limits Yes 2□No arviana more 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? erstown Rd

12. Was Decedent Ever in U,S.
Armed Forces?

1 | Yes | 2 MNo
If Yes, Give 212 11 Marital Status 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Race - American Indian Black, White, etc. 1 ☐ Never Married 2 Merried 1□ Yes 2 No Specify: Specify: 3 Widowed 4 □ Divorced egro 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DQ NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Busineas/Industry Elementary/Secondary (0-12) College (1-4or 5+) HO. letar 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) cker Son Mattie 19a. Informent's Neme/Relationship (Type, PrintDAUGHTER 19b. Malling Address (Street and Number or Rural Route Number, City Fulton rances aylor 20a. Method of Disposition

1 ■ Burial 2 □ Cremation 3 □ Removel from State 20b. Place of Disposition (Neme of cemetery, crematory or other place) /Date 113 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility of Funeral Service Ulpensee Hom. Joseph L. Kuss unera 21216 AUR. caused the death. Do not enter Approximate Interval Between Onset end Deeth the mode of dying, such as cardiac or nmediate Cause (Finel Immediate Cause (F disease or condition resulting in death) CONGESTIVE HEART FAILURE Due to (or es e consequence of): ARTERIOS CLERON C CADDIOUNSCUEAR DUSTAK Due to (or as a consequence of): Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown RENM SOCRAL FOILURG

Physician /Medical Examiner

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Completed

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29a. Certifier

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P.O. Box 68760,

Division of Vital Records.

The lew requires that the death certificate be

Physician

/Medical

Examiner

10a. State

Director

Funeral

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Completed

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Funeral

Director

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7 is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at

with the Maryland

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filed within 72 hours after

permit. Pages 1 end 2 should be filed withit Department of Heelth and Mental Hyglene. Importants if flem 27 is marked other than any Influry or other trainment.

Baltimore, Maryland 21215-0020

Examiner Sequentially list conditions, it any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Physician/Medicai

21. Signaty

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. CHROMIC 24a. Was an autopsy performed? DE EL BITUI SEPSIS 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 ANaturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 I Homicide 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) and manner es stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

State Registrar

To the Ho within 2 To the Ho

un clone MO 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

29c. License number 1905 29d. Dete signed (Month, Day, Year)

24b. Were autopsy findings available prior to completion of cause of death?

1 Ves 2 No

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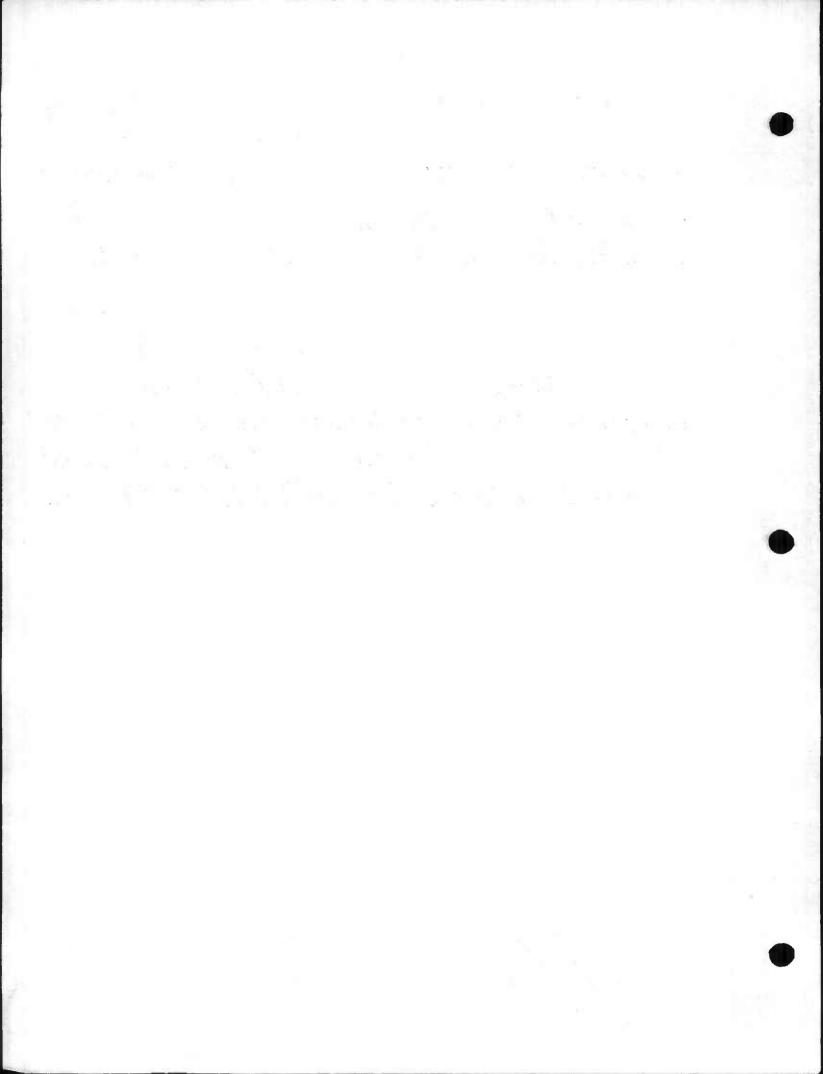
LIBERTY

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31. Date filed (Month, Day, Year)

29b. Signature end title of certifier





State of Maryland / Department of Hoolth and Maryland

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Physician /Medicai Examiner

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Attending Physician:

The law requires that the death certificate be executed

Box 68760.

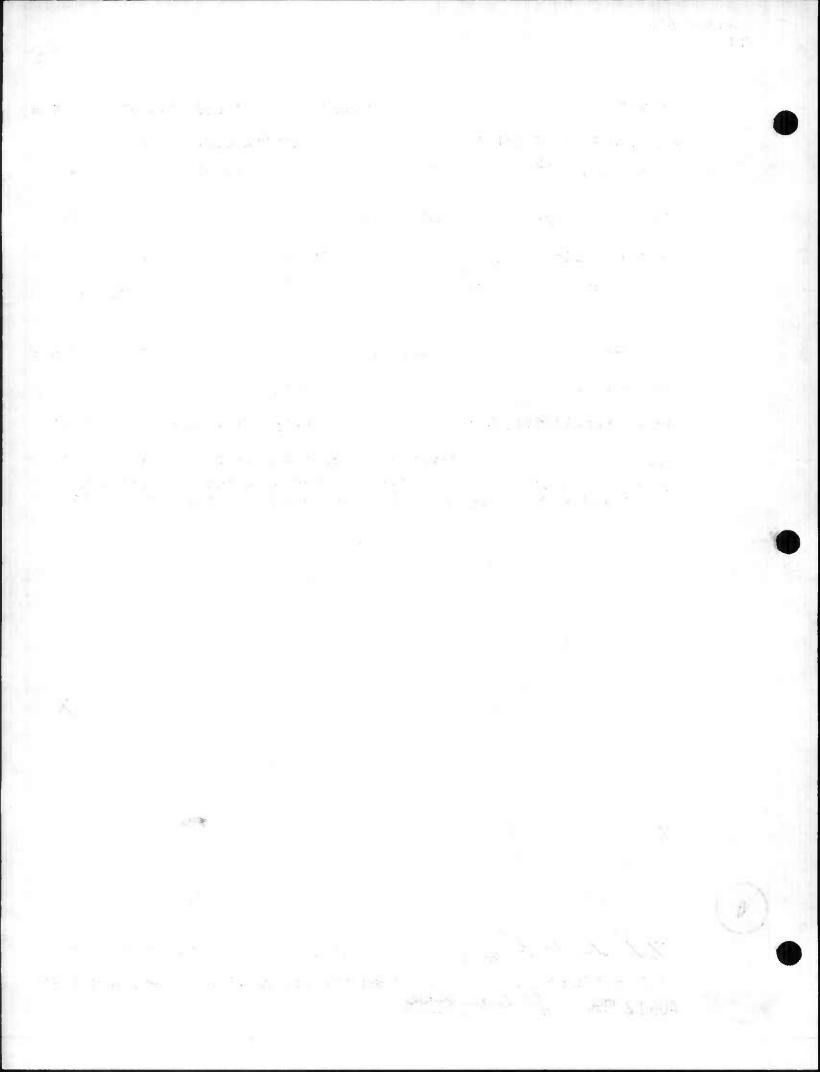
Division of Vital Records, P.O.

burial-transit the funeral by the

Reg. No. 1. Decedent's Neme (First, Middle, Lest) 2. Data of Deeth 3. Time of Deeth Year **GEORGE** BRAHAM AUGUST 07, 1996 0145AM 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth BON SECOURS HOSPITAL E.R. BALTIMORE CITY n/a | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | Dec. 25, 1911 Sex 1⊞M 2□F 5. Sociel Security Number 7. Age (In yrs. lest birthday) 84 Yrs. 212-14-0305 VA Usuel Residence of Decedent 10b. County 10e. Stete 10c. City, Town or Location 10d. Inside City Limits n/a Pores 2□No Directo Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 1040 N. Stricker St. 21217 Funeral USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Maxican, Puerto Rican, etc.) Race - American Indien, Bieck, White, etc. 11. Marital Stetus 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detas: 1 Never Married XIX Married 1 ☐ Yes 2KDNo Specify: Black þ 3 ☐ Widowed 4 ☐ Divorcad Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 6th Welder Maryland Dry Dock 17. Fathar's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Surname) Be James Braham Lo Lu1a 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Rose M. Harris/daughter 1040 N. Stricker St. Balto., MD 21217 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1 Borial 2 Cremation 3 Removal from Stata 4 Donetion 5 Other (Specify) Arbutus Memorial Pk. 8/13 Baltimore, MD James A. Morton & Sons Funeral Home 21. Signature of Funaral Service Licensaa 23a. Part1. Enfor the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, drivert failure. List only one ceuse on each line. 1701 Laurens St. Balto., MD 21217 Immediete Ceuse (Finei diseese or condition resulting in deeth) . Arteriosclerotic Cardiovascular Disease Due to (or es e consequence of): Examiner Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in daeth) Lest Due to (or es e consequence of) Physician/Medical Due to (or es e consequenca of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown b 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? INSPECTION 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 XER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) To 1⊠Yes 2 No 28a. Dete of Injury (Month, Dey Year) Certification: 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Naturel 5 Pending 1 Yes 2 No 2 Accident investigation 6 Could not be determined 3 Suicida 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide edical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signeture end titla of certifier 29c. Licansa number 29d. Date signad (Month, Day, Yaer) 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) O.C.M.E. AUGUST 07, 1996 Theodore King M.D. 111 Penn Street, Baltimore, Maryland 21201

State Registrar



State of Maryland / Department of Health and Mental Hygiene 96 23700

Phys	ician	1. Decedent's Name (First, Mid	dle, Lest)		CE	ertificate		Death		2. Date of Death Month	g. No.	Year	3. Time of Death
/Me	dicai niner	PERNELL 4a. Facility Name (If not institute NUMBER 1 PROPERTY 1997	-			BRC		b. City, Tow	n, or Lo	AUGUST	10,	1996 of Death	4:05 AM
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Direct	or .	217-02-5577 Usual Residence of Decedent	240M 2LF		29 Yrs.	Months	Doys	Tiours	IVIIII.	May 10,	1967	Court	MD
the Maryland 28a-f show	ctor	10a. State 10b. Coun	y altimore		City, Town or L	ocation sedale						10	0d. Inside City Limits
ath with the 23a or 28	i Dire	10e. Street end Number 103 Aspin	wood Wav			10f. Zip C		237		10	10g. Citizen of What Country?		
in 72 hours efter des "natural", or items ed cal Examiner m	by Funeral Director		12. Was Dec	cedent Ever in forces? 2\(\overline{A}\)	U,S. 13.	Was Decede If Yes, specif	nt of H		n? (Spi Puerto	ecify Yes or No- Rican, etc.)	Bla	USA 14. Rece - American Indian, Black, White, etc. Specify: Black	
	Completed	15. Decede	ent's Educetion est grade completed		16e. Decedent's Usual Occupation (Give kind of work done during mos- life. DO NOT use retired)		ation fu <i>ring</i> most o	of work	ing	6b. Kind of B	usiness/Ind	lustry	
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Physicia /Medica Examine	il 📑	23a. Part Limbr the disease, show, or heart failure. List immediate Cause (Final disease or condition resulting in death)		TIPLE		1701 Iter the mode	Lat of dying	irens g, such es ce	St	. Balto	. M	D 2	1 2 1 7 Approximate Interval Between Onset and Death
n certificete be executed anding physician end use es the bunal-transit	Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to	(or as a conse	quence of):							
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aw requires is been sign 2 should be	Completed by									24a. Was en performe	a. Was en eutopsy performed?		re autopsy findings llable prior to apietion of ceuse eath?
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	To Be	25. Was case referred to medical examiner? [N] Yes 2 No	Hospital:	Inpatient 2	☐ ER/Outpatier	nt 3 DOA	Othe			(<i>Check only one)</i> me 5□ Residen		or (Specific	
After fune		27. Manner of Death 1 □ Naturei 5 □ Pendi	28a. Date		28b. Time o Injury	f 28c	Injury Work	at	. 2	28d. Describe how	Injury occurr	ed	
P age	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☑ Homicide deterr	nined 286. Place build	of injury - At ing, etc. (Spec	home, farm, str	reet, factory, o					BYNDA	THA BE	WE GO BEYOUTH
n 24 hours n 24 hours n Funeral	edicai	29a. Certifier 1 Certifyi (Check only one)	ng Phyalcian: To the Examiner: On the b and man	best of my kr asis of examination between the states of the state of t	nowiedge, death nation and/or in	h occurred et t vestigetion, in	he time my op	e, date end p inion, death o	olace, a	and due to the cau ed at the time, date	se(s) and ma and place,	nner es sta and due to i	ited. the cause(s)
A P	Me	29b. Signature end title of certific	- Doll	0.00				number			. Date signed		
M		30. Name and address of person	who completed caus	se of death (Ite		Print)		M.E.					1996
S Regis	tate trar	31. Dete filed (Month, Day Year, AUG 1 2 1996	Julio 1	aridours d	authorises.	Penn S	tr	eet,	Ba	ltimore	, Mar	ylan	d 21201

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State of Maryland / Department of Health and Mental Hygiene

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amine		de Feetile Blace Manager and a state of the				4b. City, Town, or Loc					nty of Death	19:00 AM
		3048 ASCENS	ION STR	EET				BALTI	MORE		n/a	
eral ctor		5. Social Security Number 218-44-6182 Usual Residence of Decedent	6. Sax 1 ☐ M 2014	7. Age (In yr.	s. last birth	Month	dar 1 Yaar hs Days	if Under 24 H	lin. (Month, L	Sirth Dey, Yeer) 2,1946	9. Birth	piace (Stete or Foraign ntry) MD
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a no	Director	10e. Street end Number					Zip Code			10g. Citizen o	f What Cour	ntry?
dia .		3048 Ascens	ion St.				212	25			USA	
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E	d by	3 ☑ Widowed 4 ☐ Divorced	Yaar or Da	ates:	1 (0)							
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e l		19a. Informant's Name/Relationshi	p (Type, Print)		19b. I	Mailing Addre	ess (Streat		Rurel Route Num			Code)
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Jetho		20a. Method of Disposition			Place of D	Disposition (A	Veme of		Date	20c. Location - City or Town, State		
7 0		3 □ Removal from State cemetery, cremetory or other place)										
ny Injur		4 ☐ Donation 5 ☐ Other (Spe 21. Sign are of Funeral Service Li				Hill 22. Name	and Addres	ss of Facility	8/14			
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29c. License number

O.C.M.E.

29d. Data signed (Month, Dey, Year)

AUGUST 09,1996

State Registrar 30. Name and eddress of person who completed ceuse of death (Item 23a) (Type, Print)

DONALD G. WRIGHT MD 111 Penn Street, Baltimore, Maryland 21201

31. Dete filed (Month, Dey, Year)

AUG 12 1996

June 1 1996

AUG 12 1996

296. Signatura and title of certifier

Donald & Whight Mo

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Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Dete of Death 3 Time of Death MARIECO Month **Physician** BUCZKOWSKI 8 140 AM 10 /Medical 4a. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** BAYVIEW BAH If Under 24 Hours Johns Hopkins MORE If Under 1 Year 7. Age (In yrs. last birthday) Social Sacurity Number Birthplaca (Stata or Foreign
 Country) **Funeral** Months Deys 218-01-8638 1□ M 2■ F Yrs. Director 1918 DeleWARE Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mentel Hyslene. Important: if item 27 is marked other than "naturel", or items 23a or 28a-f show eny injury or other treumatic event, the Medical Examiner court be notified at once. 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 PYas 2 No Director JARYLA MG MORR 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? Funeral 12. Wes Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexicen, Puerto Rican, atc.) Race - Amarican Indian, Bieck, White, etc. 1 Nevar Married 2 Married 1 ☐ Yes 2 € No If Yes, Giva Yeer or Detas: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No þ Specify: White 3 ₩ Widowed 4 Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 18b. Kind of Business/Industry Coilege (1-4or 5+) Elementery/Secondary (0-12) eralon 17. Father's Name (First, Middle, Last) 18. Motyer's Nema (First, Middla, Maiden Surname) Be George Sluzewsk, To 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) ElRINO STREET BAIT. Walter J. Buczkowskii (Sou) 20c. Location - City or Town, State 20b. Plece of Disposition (Name of cemetary, crematory or other place) 20e. Method of Disposition 1 ■ Burial 2 □ Cremetion 3 □ Removel from State OAK EAST BINT, 4 ☐ Donetion 5 ☐ Other (Specify) AWN August
22. Name and Addrass of Fecility 21. Signature of Funeral Service Licenses ChaTNA W. DABROWSKI 1005 DUNDAIK 23a. Plitt. Enter the disease, or complications that caused that death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** SEPS15 /Medical Immediate Ceuse (Final diseese or condition resulting in death) Examiner Due to (or es a consequence of): Examiner that the deeth certificate be executed ettending physician and for use es the burial-transit Sequantially list conditions, if eny, leeding to immediate ceuse. Enter Undarlying Cause (Disease or Injury that initiated evants resulting in daath) Last Due to (or es e consaguence of) Physician/Medical Due to (or es e consequence of): signed by the eld d be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 3 No 3 □ Probably 4 □ Unknown Adeny Disease Coronami þ Completed 24a. Wes en autopsy performed? 24b. Were autopsy findings aveilable prior to complation of cause of daath? 1 Yes 20 No 1 Yas 2 No 25. Wes cese refarred to medicei axaminer? Be 26. Plece of Death (Check only ona) Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) Certification: To 1 Yes 2 No 1 / inpatient 2 ER/Outpatient 3 DOA 28a. Dete of injury (Month, Day Year) 27. Menner of Death 28b. Time of To the Hospital or Attending Pt.

within 24 hours after death.

To the Funerel Director: After the completely filled in by the funeral. 28d. Dascribe how injury occurred 28c. Injury et Work? 1. Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not be datarminad 3 Suicide 28e. Placa of Injury - At home, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide edical 1 Certifying Physician: To the best of my knowladga, daath occurred at the time, date and piece, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination end/or invastigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated. 29a. Certifier 29b. Signature and title of certifier 29c. Licanse number 29d. Data signed (Month, Day, Year)

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P.O. Box 68760,

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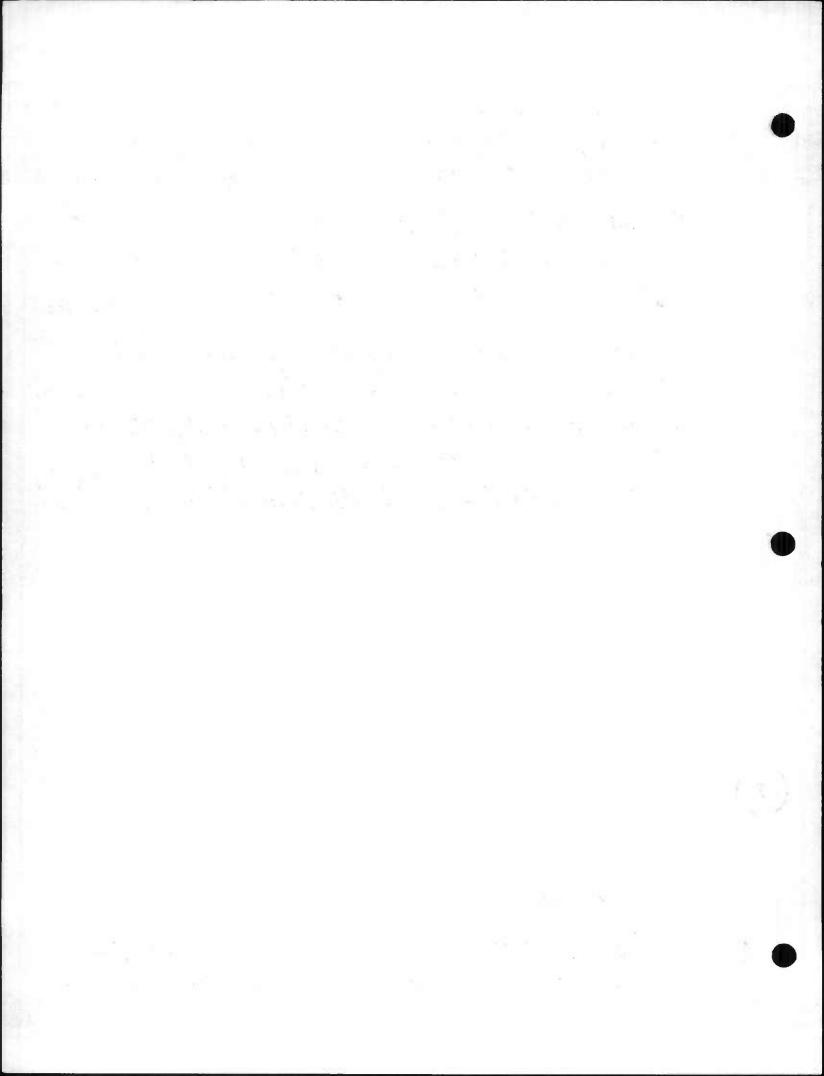
State Registrar

30. Neme and eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)

SAMER

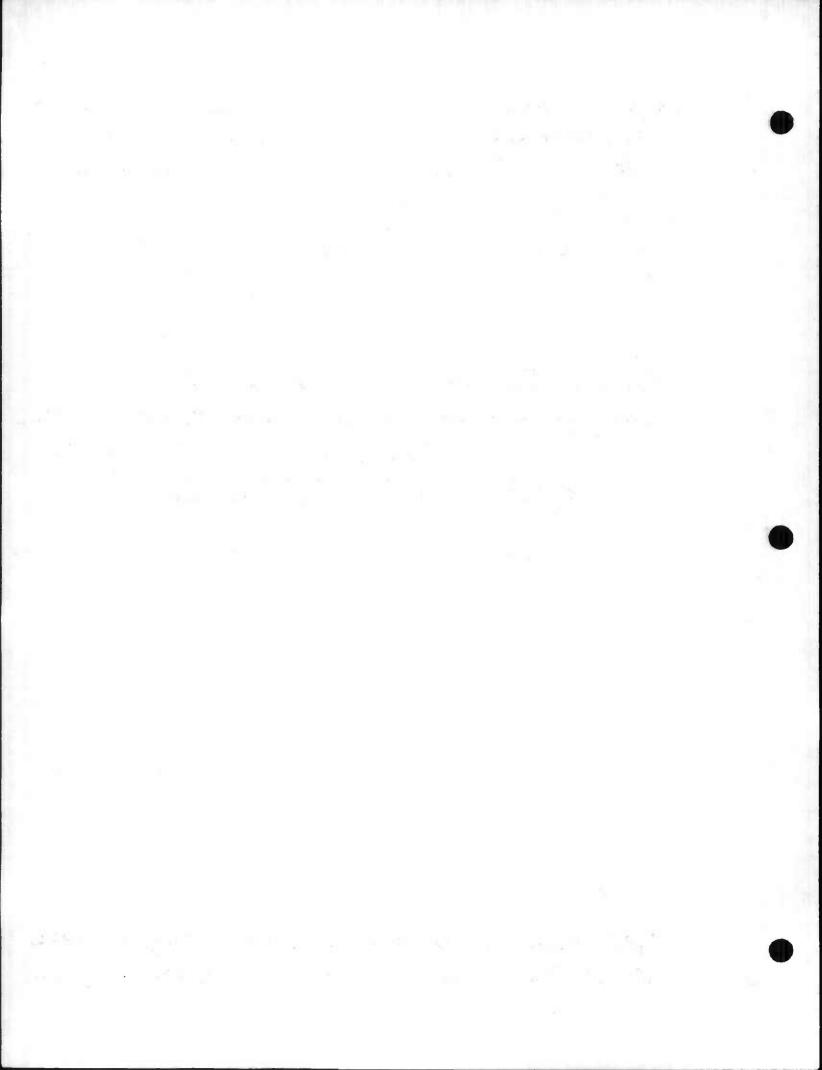
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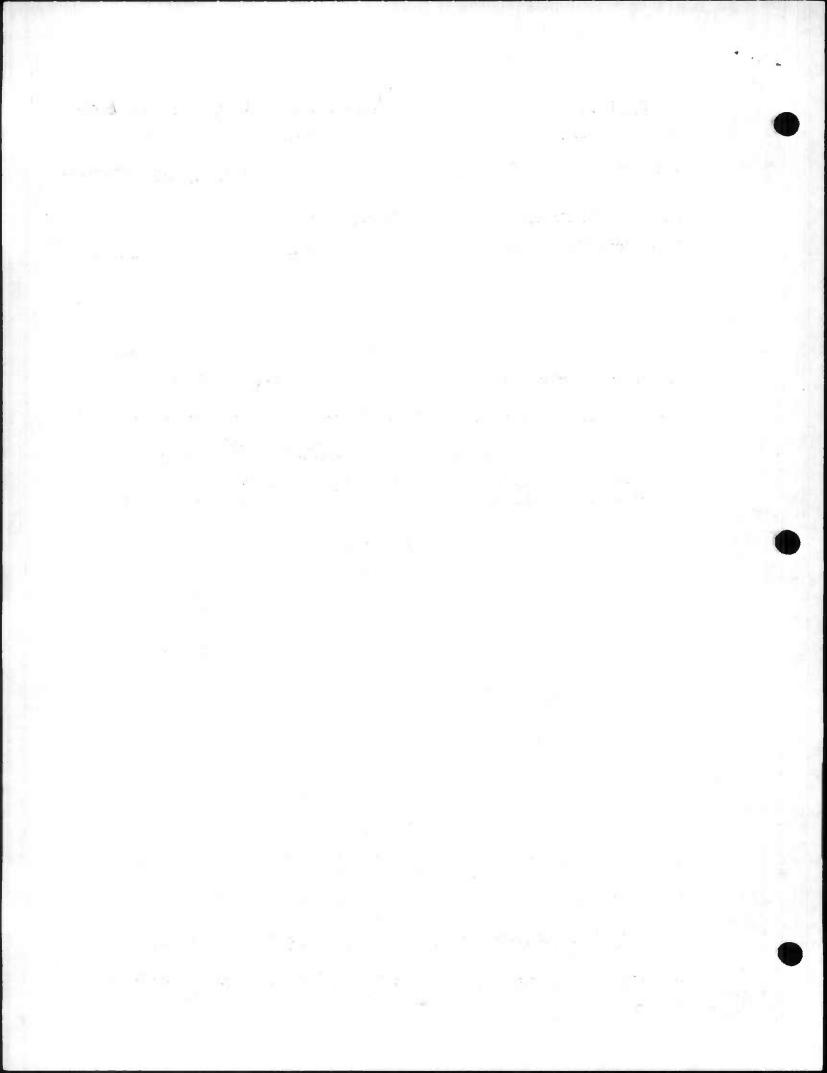
State of Maryland / Department of Health and Mental Hygiene or

				Otato of Marylan		tificate of	Death		Reg. No.	2	3/0	3
	T		1. Decedent'a Name (First, Middla, Last)				2. Data of Dec	ath	Wasa	3. Tima ol	Death
	Physici /Medic		ANDREA B	RANDO				Month AUGUST	9. 1996	Year	3:16	P
	Examir		4e. Facility Name (If not institution, giva				4b. City, Town, or Lo				1	
			THE JOHNS HOPKINS	HOSPITAL			BALTIMORE	CITY		N/	A	
	Funeral Director		5. Social Security Number 6. Sa Usual Residence of Decedent	7. Aga (In yrs.	last birthday)_ Yrs.	Months Days		8. Data of Birt (Month, Da 5 40+ 30		Coun	iaca (Stata o try) OM 3//	
	land land		10a. State 10b. County	10c. Cit	ation				10	0d. Inside Cit	ty Limits	
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	r 28a	Tec.	10e. Street and Number		-	10f. Zip Code			10g. Citizen of W	hat Coun	try?	
	h wid	OF	1474 Este CAI	erera		000	000		Co	lom	13/0	
	deat	Funeral Director	11. Marital Status	12. Was Decedent Ever In U Armed Forcas?	,S. 13. W	as Decedant of	Hispanic Origin? (Sp ban, Maxican, Puarto	ecify Yas or No-		- Amarica	an indian,	
50	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. Itam 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Eventiner must be notified at		1 Navar Married 2 Married	1 Yas 2 No		Øyes 2□No	1	4	Specify:		1 1 1	
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	Hygid other	Be C	17. Father's Name (First, Middle, Last)	2			18. Mother's Nam	e (First, Middle,	Maiden Sûrnam	e)		
Maryland	2 should be and Mental le marked o aumatic eve	To B	FNRIque 1	BRANDO			MARIA	E. 1	4KIAS			
any	should and Mer marks		19a. Informant's Name/Relationship (T)	(pe, Print)	19b. Mailing	Address (Stree	at and Number or Run	al Route Numbe	er, City or Town,	State, Zip	Code)	
-	s 1 and 2 of Haeith a itam 27 le		ENRIGUE	Brando	1474	L Est	Le Cano	zenaT	3 Apt	701	Cole	MBIA
altimore	of He fitan		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ F		Piece of Dispos	ition (Name of atory or other pla	ace)	Pete	20c. Location - (1	
E	Pagas mant of lant: If its ury or o		4 □ Donation 5 □ Other (Specify)		Yetro	CREMA	tory	8/10/96	BAlto.	MA	ryl An	10
Ball	permit. Pagas Department of Important: If if any injury or ance.		21. Signature of Funerel Service Licens	00/	22	Name and Addr	ess of Facility	ERAL 1	tome f	?A-		
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			23a. Part1. Enter the disease, or comp shock, or heart failure. List only o	loation that caused the deat	h. Do not ente	r the mode of dy	ing, such as dardiac	or respiratory a	rrast,		Approximate Interval Bety	ween
	Physician /Medical		Immediate Cours (Fiss)		4:		1			i	Onsat and D)eath
7	Examiner		Immediate Cause (Final disaase or condition resulting in death)	a acute m		1	lcukc	ma			S' ma	onths
3	South .	ē		Due to (d	or as a consequ	ence of):						
,	petn p	Examiner	Securation in the list and divine	b. — Due to (c	or es a consequ	ience of):				i		
o,	axec an an rial-tr		Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events	200 10 (0	n es a consequ	erioe orj.						
68760,	ata be nysici	edical	Cause (Disease or Injury that initiated events resulting In death) Last	Due to (o	r as a consequ	ance of):				-		
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Ö	that the day ned by the a deteched f	yslc	Part il. Other algnificant conditions con	ntributing to death but not res	ulting in the un	derlying cause g	iven in Part I.		lobacco use con			107
P.0	es that tigned by							10	Yes 2 No	3 Prob	ably 4 🗆	Unknown
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Jou	g Physia tar this	T:U	27. Manner of Death 1 S Natural 5 □ Panding	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Inje			now Injury occurre			
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	rai Di											
	To the Hespital or Attending Phy within 24 hours aftar death. To the Funeral Director: Aftar thi completaly filled in by the funaral	edical		sician: To the best of my kno ner: On the basis of examina)
	To the within 2 To the comple	Mec	29b. Signature and title of curtifier	and manner stated.		29c. Licer	ise number		29d, Date signed	(Month.	Dav. Year)	
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			30. Name and address of person who co			(rint)	77 001			- 1		
	5			welton M.	D	Joh	ns Hor	okins	Onco	loa	y (ir.
	Şta	te	31. Date filed (Month, Day, Year)	32. Registrar's Signa	iture 32	00.	- 4				1	
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			Certificate of Death	Reg. No.	23/04
Physician	Decedent's Neme (First, Middle, Last)		D 1	2. Date of Death	3. Time of Deeth
/Medical	ELLA	Mae		Aug. 7 199	\$ 02:30
Examiner	4a. Facility Name (If not institution, give str St. Agnes Hospital	eet and number)	4b. City, Town, or Loca Baltimore	ation of Oeath 4c. County of De N/A	ath
Funeral Director		7. Age (In yrs. lest birth	Months Deys Hours Min.	Date of Birth (Month, Day, Yeer) Apr. 21, 1918	hthplace (State or Foreign Country) laryland
and m	Usual Residence of Decedent 10e. State 10b. County	10c. City, Town			10d. Inside City Limits
the Marylan 28a-f show courfied at	Md. Baltimor		Catonsville		1 ☐ Yes 2 No
Uter death with the Mar inter must be routled inter must be routled Funeral Director		venue	10f. Zip Code 21228	10g. Citizen of Whet C	
d 21215-0020 filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or Itams 23a or 28a-f show ant, the Medical Examination rotation as Completed by Funeral Director	11. Marital Status 12 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	13. Was Decedent of Hispanic Origin? (Speci If Yes, specify Cuban, Mexican, Puerto Ri 1 Yes 2 No Specify:	Specify:	
15-002 72 hours natural; adeal Exe	15. Decedent's Educat (Specify only highest grade c	ion 16e. D ompleted) (6	ecedent's Usual Occupetion Give kind of work done during most of working fe. DO NOT use retired)	16b. Kind of Business	s/Industry
2121 d within jiene. r than the Me	Elementary/Secondary (0-12)	College (1-4or 5+)	fe. DO NOT use retired) Homemaker		
E Saby W	17. Father's Name (First, Middle, Last) Christopher McCor	mick		Own HC First, Middle, Meiden Surneme) Wright	ме
Maryla nd 2 should alth and Men 27 is marked r traumatic	19a. Informant's Name/Relationship (Types Jeri Rouhana		Mailing Address (Street end Number or Rurel I 9 Smoke Burr Drive	Route Number, City or Town, State,	Zip Code) 0 43081
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours at Department of Health and Mental Hydiene. Important: if Item 27 is marked other than "natural", or any Injury or other traumatic event, the Medical Examples. To Be Completed by F	20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donetion 5 ☐ Other (Specify)	20b. Place of D cemetery,	isposition (Name of cremetory or other planagust 10, thedral Cemetery		r Town, State
Balt permit. Departri	21. Signature of Funeral Service Licensee	1	22. Name and Address of Feclify Witzke Funeral Home, 1630 Edmondson Avenu	Inc.	
Physician /Medical Examiner	23a. Pent1. Enter the disease, or complicat shock, or heart failure. List only one of the complete shock or heart failure. List only one of the complete shock of the complete s	ions thet caused the deeth. Do not ause on each line. Lymphon Due to (or es a co	enter the mode of dying, such es cardiac or r	espiratory errest,	Approximate Interval Between Onset and Death 4 Mowths
ox 68760, certificate be executed iding physician and isse as the burial-transit	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last	Due to (or as e cor	nsequence of):		
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requir requir should	, , , , , , , , , , , , , , , , , , , ,			performed?	Were autopsy findings avelleble prior to completion of cause of death?
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f Vital Rystolen: The Is certificate had director, page	25. Was cese referred to medical examiner?		26. Plece of Deeth (C		72.00
of Vita Physician: rthis certific and director,	1 Ves 2 No Hosp	Inpatient 2 ER/Outpa	The state of the s	5 ☐ Residence 6 ☐ Other (Spe	ecify)
Division of the control of the contr	Natural 5 Pending Investigation	28b. Tim (Month, Day Year) (Nonth, Day Year)		d. Describe how Injury occurred	
Divi	3 Suicide 6 Could not be determined	8e. Place of Injury - At home, farm building, etc. (Specify)	street, fectory, office 28f	Location (Street end Number or R City or Town, Stete)	urel Route Number,
he Hospi in 24 hou he Funer pletely fill edical	29a. Certifier (Check only one) Certifying Physicia 2 Medical Examiner:	in: To the best of my knowledge, do On the basis of examination end/o and manner stated.	eath occurred at the time, dete and place, end r Investigetion, in my opinion, death occurred	due to the cause(s) and menner eat the time, dete and place, end due	s steted. e to the cause(s)
To the To the company	29b. Signeture end tille of pertiller	lle M.D	29c. License number D 50655	29d. Date signed (Moni	
20	30. Name and eddress of person who compl	eted cause of death (Item 23a) (Ty	pe Print) Aebt. of Mediceine	7 AUG. 8. Agnes Hor	hibal.
State Registrar	31. Date filed (Month, Day, Year) AUG 12 1996	32. Registrar's Stonature	op francine	31.11/101	puar.

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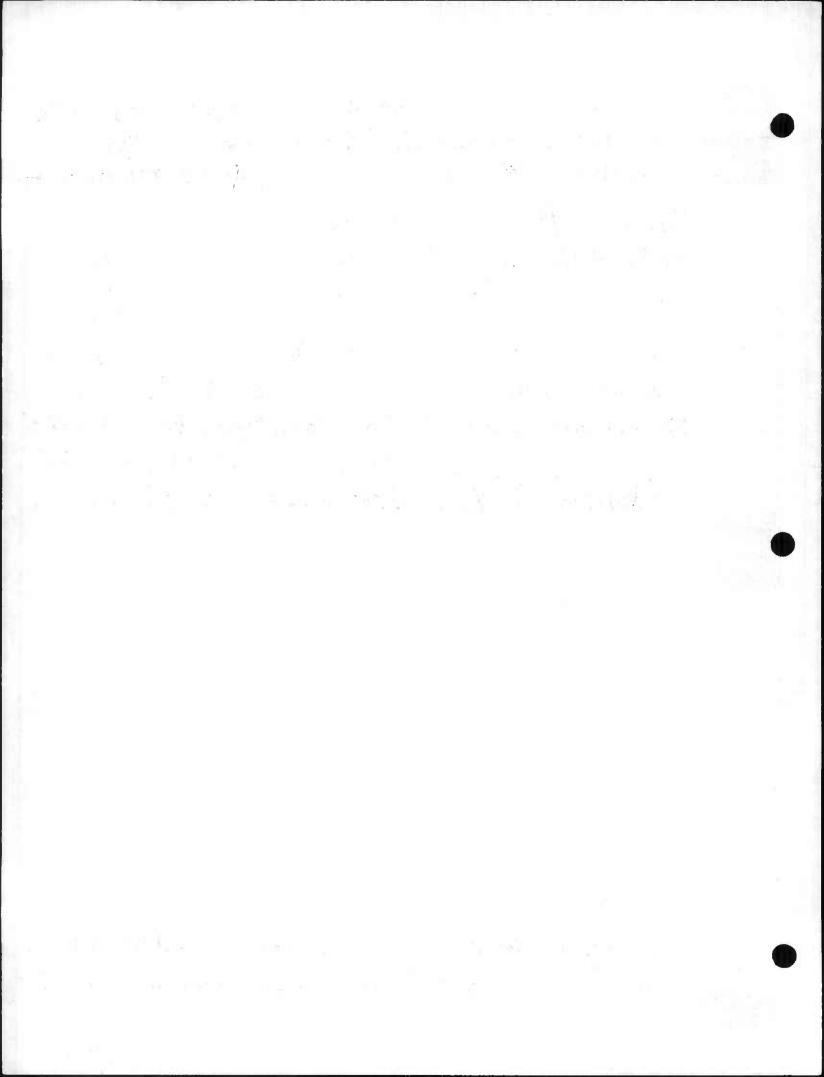


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** CLARK TINUT 4c. County of Death Jugust 05 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Daath Examiner Height 21215 If Under 1 Year 2600 Liberty BALTIMORE iberty Medical Center BACTIMORE Hunder 24 Hrs. 8. Date of Birth Hours Min. (Month, Day 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign
 Country) **Funeral** Months Days 1□M 200/F 214140397 9 North **Director** arolina Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified at 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland 1 Yas 2 No Directo more 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2525 2 reder e Funeral Was Dacedant Ever in U,S. Armed Forces? 1 ☐ Yes 22 No 11. Marital Status 13. Was Dacedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Never Married 2 Married Baitimore, Maryland 21215-0020 1□Yas 2No Specify: ò Specify: 3 Widowed 4 □ Divorced Year or Dates: Negro Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) mem 18. Mothar's Name (First, Middle, Maiden Surnama) Be 18 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) W. Nor Md hri Ito. Daye 20b. Place of Disposition (Name of 20a. Method of Disposition cernelety, cremetory or other place) 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from Stata
Conation 5 Other (Specify) 9 Saowne 21. Signatifit of Funeral Service Licensee 22 Nama and Address of Facility Joseph 2222 L Fune Ave. 00 216 W. North Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** immediata Cause (Final disease or condition resulting in death) RENAL /Medical AI LURE Examiner Due to (or as a consequenca of) Examiner ROSEPSIC burial-tran Bud Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury cata be axe 68760, physician Physician/Medical that initiated events resulting in death) Last the Due to (or as a consequence of): 980 signed by the atter Part II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 ☑ Unknown 1 Yes 2 No Division of Vital Records, by 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed has Yes 2 No 1 Tas 2□ No Hospital or Attending Physician: 24 hours efter deeth. funeral director, 25. Was casa referred to medical axaminer? Be 26. Placa of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Residenca 6 Other (Specify) P 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how injury occurred Certification: 28c. Injury at Work? ofter deeth. Director: After 5 Pending investigation 1 Natural To the Hospital or Attendin within 24 hours efter deeth. To the Funeral Director: At completely filled in by the fu 1 ☐ Yas 2 ☐ No 2 Accident 6 ☐ Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1X Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and dua to the cause(s) and manner stated. Medical 29a. Certifier 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) Ken Und 0 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) N. KIM, M.D. 2600 sbesty 31. Date filed (Month, Day, Year) 320 Registrar's Signature State wwidson-Randoll AUG 12 1996 Registrar

DHMH 16 Rev 6/95



TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: II liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Spi	NER	thin	Ä
3	E 6	Will.	HTA
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.									
1. DECEOENT'S NAME (First, Middle, Last)	Ann 1	Marie Ca			2. DATE OF DEATH MONTH DA August 6.		3. TIME OF DEATH 7:40 AM M		
4. SOCIAL SECURITY NUMBER 219 ≈ 28 = 2834	5. SEX 6. AGE (In y)		IF UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) MATICA	6. BIR	THPLACE (State or Foreign		
90. FACILITY NAME (If not institution, give str 71 Riverside Driv		1		verna Pa		9c. COUNTY OF DEATH ANNE Arundel			
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland	Baltimore	10c. CITY,	TOWN OR LOCAT		ndalk		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 1924 Inverton Roa			101	ZIP CODE			WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO If yee, specify Cuban, Maxican, Puarto Rican, stc.) 1 YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—Black, Whita, Specify:									
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 4 Years		life. Do NOT use	rk done during mo			siness/industry			
17. FATHER'S NAME (First, Middle, Last) Lee M. Wiles		,10110			ME (First, Middle, Malden L Catherin	Surname)			
100. INFORMANT'S NAME (Type/Print) Michael L. Carnal	ıan/Son				Route Number, City or Tow Dundalk, M	aryland	21222		
20a. METHOD OF DISPOSITION **XXBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ensee Cemeter Gdy	ACE AND DATE OF ry, cremetory or othe US Of Fa	ith Cen 22. NAME AI Duda	etery 8 ND ADORESS OF FA	110/96 Bal neral Home	of Dunc	Maruland		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF:	inh.	aris			interval Between Onaet and Death 14 Says j - 2 years		
PART II. Other algolificant condition					PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
DID TOBACCO USE CONTI		PLACE OF DEATH			N 🗆 📗				
1 YES 2 NO 27. MANNER OF OEATH 1 Neturel 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outpatie 28a. OATE OF INJURY (Month, Day, Year)		OF 28c IN.	DURY AT DRK? YES 2 NO	8 Other (Specify) 28d. OESCRIBE HOW I	INJURY OCCURED			
3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — building, atc. (Specify)	At home, term, at	reat, factory, offic	ea.	281. LOCATION (Street City or Town, State)	and Number or Run)	al Route Number,		
0001	CIAN: To the best of my knowled: R: On the basis of examination a						e(s) and manner as stated.		
29b. SIGNATURE AND SPICE OF CENTURE 30. NAME AND ADDRESS OF PERSON WH	delula	TEM 27) (Type, I	Print)	29c. LICENSE NU	MBER 14473	29d. DATE SIGN	EO (Month, Day, Year)		
Paul Tecklenberg 31. DATE FILE MONTH, DEL 1996	M.D. 9105 Fr	595 A		Suite 20	6 Baltimor	e, MD 2	21 237		
MOG T 21330	V .	1	,						

State of Maryland / Department of Health and Mental Hygiene

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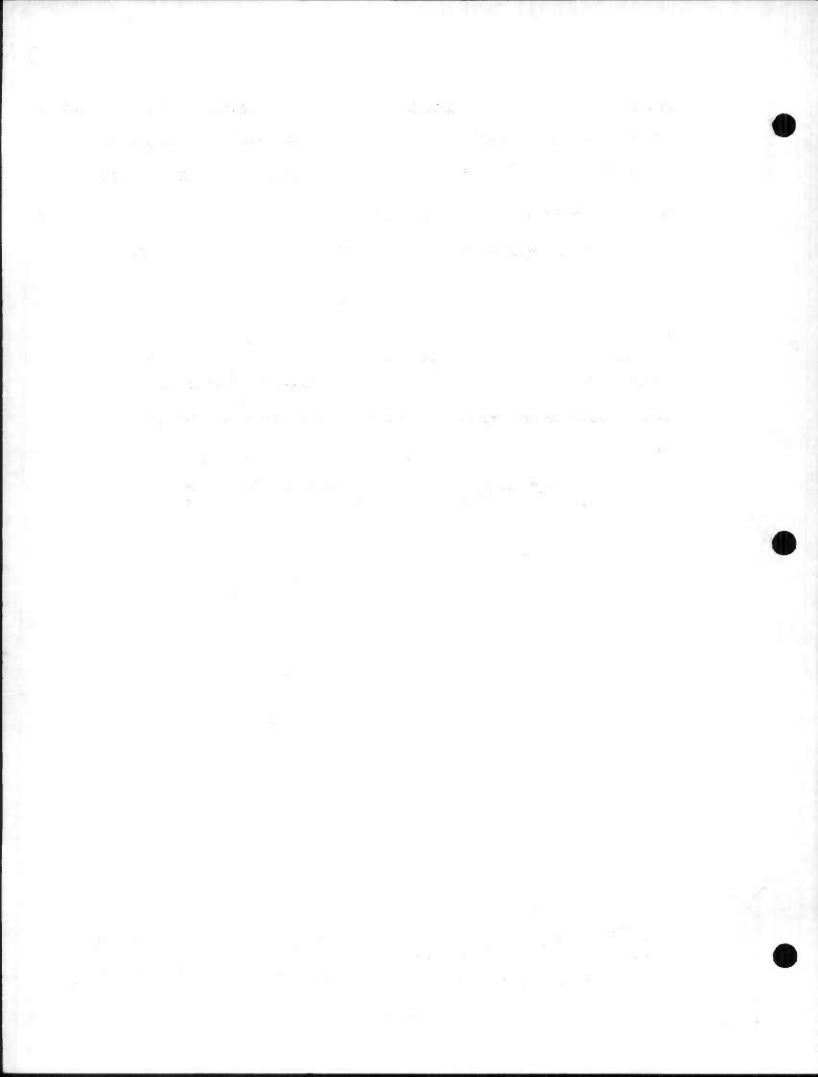
_						Cen	tificate of	Death		Reg. No.	<i>J</i> U	23101
В	Physic	an	Decedant's Nama (First, Middla, La	st)					2. Data of De Month	ath Day	Year	3. Time of the
ı	/Medi		Grace COLGAN						August	6,1996	137	9:45 lm
	Examlı	ner	4a. Facility Neme (If not institution, give street and number) Franklin Square Hospital					4b. City, Town, or L		4c. County	of Death	
L								Rossvill		Baltimo		
	Funeral Director		5. Social Security Number 6. S 219–30–7151		a (In yrs. Ie 16	est birthday)_ Yrs.	If Undar 1 Yaar Montha Days		8. Data of Bir (Month, Da 2-13-		9. Birth Cou	placa (Stata or Foreigr ntry)
	P.		Usual Rasidence of Decedant									
	Marylar a-f show	stor	10a. Stata 10b. County MD Anne Ar	rundel		Glen B						10d. Insida City Limits 1 ☐ Yas 2 🕱 No
	th with the 23e or 28 ust be not	al Director	10a. Street and Number 7873 Crilley Rd	. Apt. B 442 21060			50		10g. Citizan of U	What Cou	ntry?	
020	be filed within 72 hours after death with the Maryland itsi Hyglena. d other than "natural", or items 23s or 28s-f show event, the Modrell Exemines must be notified as	by Funeral	11. Meritel Stetus 1 Nevar Married 2 Married 3 XWidowed 4 Divorced	12. Was Decedent I Armed Forcas? 1 Yes 2 M If Yas, Giva Year or Detes:	Yes 2 No s, Giva 1 Yaa 2 No			ecify Yes or No Rican, etc.)		ck, White,		
Baltimore, Maryland 21215-0020	within 72 ho iena. than "natur the Medical	Completed	15. Decedant's E (Specify only highast gra Elemantery/Secondary (0-12)	lucetion da complated) Collaga (1-4or 5	18a. Decedant's Usual Occupation (Giva kind of work dona during most of lifa. DO NOT usa retired)			pation during most of worked)	ost of working			duatry
7	filed wi Hygien ther th	5	unk.	unk.		Homema	ker			Owi	n Hor	ne
pu	tai Hygid d other	Be	17. Father's Nama (First, Middla, Last) Charles E. Mor					18. Mother's Nem			na)	
Sla	2 should be and Mentai is marked or sumatic eve	2						Lillian	M. Sull	livan		
, Mar	and 2 sh aith and 27 is m		19a. Informant's Name/Ralationship (Janice Hammerbad	<i>Type, Print)</i> cher/ daugi	nter			tand Number or Run Ave. Balt				o Code)
more	permit. Pages 1 and 2 should be Department of Health and Ments Important: If Item 27 is marked any Injury or other traumatic en once.		20a. Mathod of Disposition 1 ☑ Buriai 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	Removal from Stete	CO	matary, cram	Ition (Nama of atory or other ple Catholi		Data 3-10-96	20c. Location -		own, State
Balti	permit. I Departm Importar any Inju		21. Signuture of Funaral Sarvice Licep			22.	Neme end Addra	ass of Facility Rosedale F	uneral	Home	1.0	
			23a. Part1. Entar the disaasa, or com	2 sell	7			aco Ave. E			2123	
	Physician /Medical Examiner		shock, or heert fallure. List only Immediata Cause (Finei diseasa or condition resulting in daath)	a. Cerebro	vascu		cident	my, such as valuac	or respiretory e	irest,		Approximete Interval Between Onset and Death
	p #	ner			10 (0.							
o,	death certificate be axecuted e attending physician and of for usa as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Disease or Injury	ance of):):							
68760,	ysicia ya bu	edical	that initiated evants	c	Due to (or es e consequance of):							
	E 0 0	New Year	resulting in death) Last									
Box	th ce tendii	ary		d								
E	he att	sici	Part II. Other significant conditions of	ontributing to death bu	ut not rasui	iting in tha und	darlying ceuse gi	van in Part I.	23b. Dld	tobacco usa co	ntribute t	o the cause of death?
, P.O.	es that the death cer igned by the attendir be detached for usa	by Physician/M				***			10	Yes 2 No	3 Pro	bably 4 Unknow
Records,	aw requir is been s 2 should	Completed t							24e. Wes	an autopsy ermed?	av cc	ere autopsy findinga vailable prior to empletion of cause death?
	The law lita has page 2	E O							10	Yas 2 No	11	□Yas 2□No
E		Bec	25. Waa cesa rafarred to medicel					28. Place of Deat	h (Check only o	ona)	1	
<u>-</u>		To	axaminer? 1 ☐ Yas 2⊠ No	Hospital: 1 12 Inpatie	nt 2 E	R/Outpatient	3□ DOA Oti	her: 4 Nursing Ho	ma 5 Resid	dance 6 Oth	nar (Speci	fy)
sion of Vital	nding Ph		27. Mennar of Death 1 ⊠ Netural 5 ☐ Panding 2 ☐ Accident Invastigetion	28a. Data of Injur (Month, Day	Year)	28b. Tima of Injury	28c. Inju Wo M 1	ry at rk?] Yas 2 🗆 No	28d. Dascribe I	how Injury occur	red	
	d in by th	Certification:	3 Sulcida 6 Could not be 4 Homicida datarminad	28a. Place of Injubuilding, atc	ury - At hon . (Specify)	ma, farm, strai	at, fectory, office		28f. Location (S City or Tol	Straat and Numb vn, Stata)	ber or Run	al Route Number,
- 11	n 24 hum n 24 hum ne Funera oletely III	edicai C	29a. Certifiar (Check only one) 15 Certifying Ph. 2 Medical Exam	veician: To the best of iner: On the basis of end mannar sta	examinetic	rledga, daath o on and/or inva	occurred at tha ti astigation, in my o	ma, dete and place, opinion, daath occurr	and dua to tha red at the time,	cause(s) and me deta end place,	anner as a and dua t	stated. o tha ceusa(s)
	within 24 I	X	290. Signature entitle of certifier				29c. Licens			29d. Date signe		
	/		1 Coffinge	fledalh	n		Q	136957 1012 old.		8	171	96
	6		30. Name and address of person who	complated couse of de	aath (Itam 2	23a) (Type, P	rint)	1012 old.	N.Ph	Pl. Bo	eh	ha 21224
	Sta	te	31. Data filad (Month, Day, Year)	32 Registra	r's Signatu	ıra		·				

DHMH 16 Rev 6/95

State

Registrar

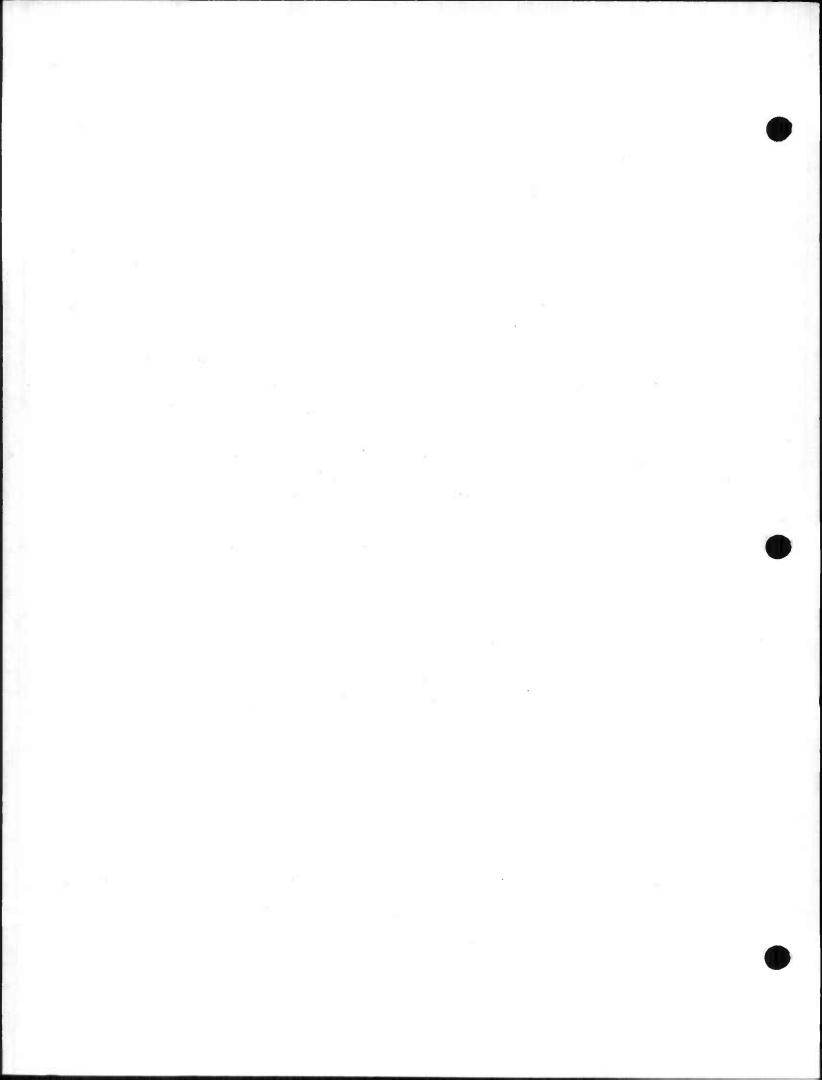
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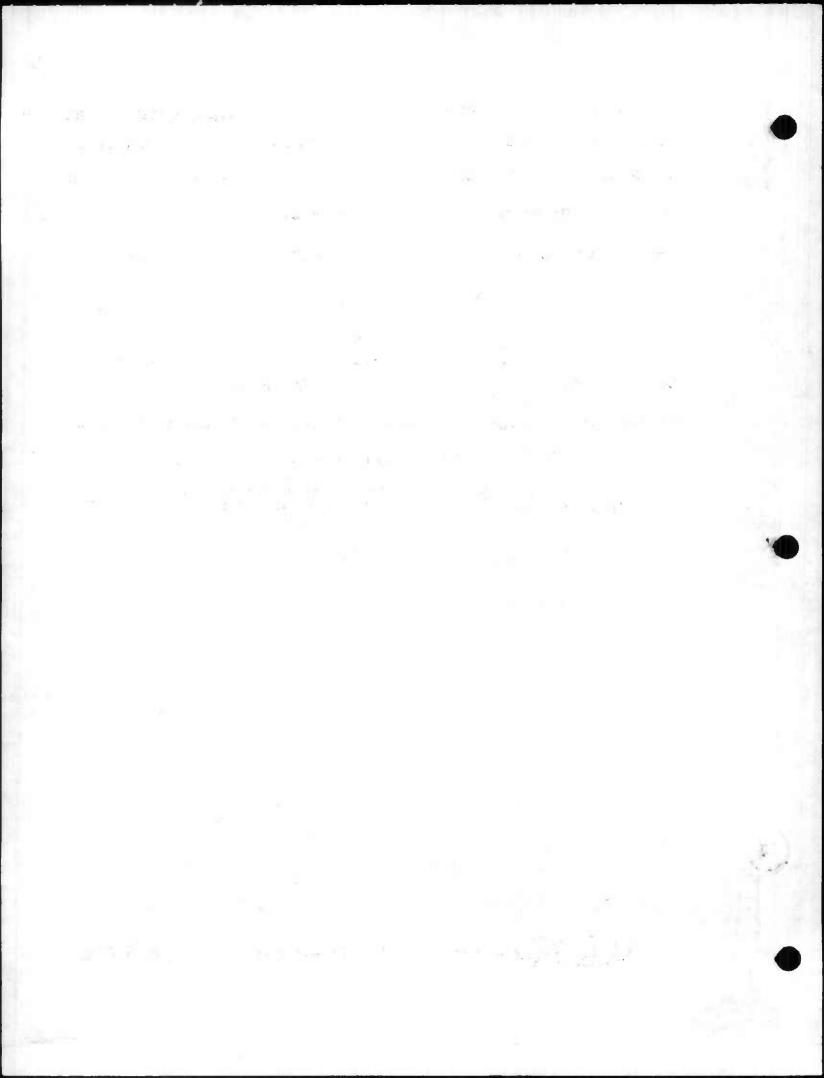
DIVISION OF VITAL RECORDS, P.O. BOX 6876

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTN CERTIFIC			MENTAL HYGIENI REG. NO.	E						
	t. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH		3. TIME OF DEATH					
	Stella Chojnov	wski				August M	8, 1996	6:15 p _M					
	4. SOCIAL SECURITY NUMBER 5	8. SEX 8. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		IPLACE (State or Foreign					
	218-12-0852	Count	MD										
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH												
DIRECTOR	Riverview Nur	sing Centre	Inc.	Essex			Baltim	ore					
Ä	10a. STATE 10b. COUNTY	imora		OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?					
	Dait	,IIIOI		sedale				1 TYES 2 NO					
FUNERAL	7905 Dalrose Ave.				ZIP CODE		10g. CITIZEN OF USA	WHAT COUNTRY?					
N D		2. WAS DECEDENT EVER IN U				IC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indien, k, White, etc.					
BY F	1 ☐ Never Merried 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced	FORCES? 1 YES	ES XINO		2 NO Specify	n, Puerto Rican, etc.)	Spec						
	X							WILLOG					
E	15. DECEDENT'S EDUCAT (Specify only highest grade co	npleted)	(Give kind of work life. Do NOT use re	done during mos	N at of working	186. KIND OF BUS	INESS/INDUSTRY						
7		College (1-4 or 5 +)											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	TRC.	Homemake	317	10 MOTHERIC NA	WE (First, Middle, Melden 8	Homa						
	Martin Szcyesze	k				nn Duszyns							
BE	t9e. INFORMANT'S NAME (Type/Print)		195 MAILING AD	DRESS /Street or		loute Number, City or Town							
임	Dorothy Mack					altimore,		7					
	20s. METHOD OF DISPOSITION	20b.F	PLACE AND DATE OF D				CATION — City or To	own, State					
	1X Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	il from State cemet	St. Sta	plece) anislau	s 8	-12-96 Du							
	21. SIGNATURE OF PUNERAL SERVICE LICEN			22. NAME AN	D ADDRESS OF FAC	e Funeral							
	D X)00012	XXVV				e Funeral Ave. Balti		24227					
	23. PART i. Enter the disesses, or cor	mplications that caused	The death Do not				,	21237					
	ahock, or heart fallure. Lis	it only one cause on ago	ch lina.		ac or aying, sac	r da cordiac or respir	atory street,	interval Between					
	iMMEDIATE CAUSE (Final disease or condition	Couper	240	Hea	1 F.	ailune.		6 weeks					
	resulting in death) a	Conges DUE TO (OR AS A C	CONSEQUENCE OF):	11000				o weeks					
_		Hypert	enson										
<u> </u>	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury												
E	that initiated eventa resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):										
EB	d.		-										
AL C	PART II. Other algnificant conditions	contributing to death but	t not resulting in t	he underlying	causa given in	Part I. 24a. WAS AN		. WERE AUTOPSY FINDINGS					
2	Request 4	evers sin	uc 41	96 W.	th	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE					
	frequent UT	Is I Pn	enas	The G			ME NO	OF DEATH? 1 YES 2 NO					
≥	DID TOBACCO USE CONTRIL	BUTE TO CAUSE OF	DEATH YES		UNCERTAIN	NB		. La La la					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	21	B. PLACE OF DEATH										
Sic		HOSPITAL: Inpatient 2 ER/Outpat		THER: Nursing Home	8 - Residence	8 Cher (Specify)							
¥	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU		28d. DESCRIBE HOW IN	JURY OCCURED						
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Mornit, Day, 10al)	110011		ES 2 NO								
	3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, atc. (Specify	- At home, ferm, stre	et, fectory, office	,	281. LOCATION (Street e City or Town, State)	nd Number or Rural	Route Number,					
1	4 Homicide determined					ony or rown, onero,							
ا ت	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the beat of my knowle	dge, death occurred s	It the time, date	end place, end due	to the cause(a) and men	ner ee stated,						
	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(a) and menner ee stated.												
OMF	1-1	one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(a) end m											
E COMPLETED	1-1	On the beele of examination	end/or investigation, i	n my opinion, d	29ç. LICENSE NUN	IBER	29d. DATE SIGNED	(Month, Day, Year)					
8	29b. SIGNATURE AND TITLE OF CERTIFIER	On the beele of examination		n my opinion, d	29ç. LICENSE NUN		29d. DATE SIGNED	(Month, Day, Year)					
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	COMPLETED CAUSE OF DEAT) [H (ITEM 27) (Type, Pri	int)	29c. LICENSE NUM	18 2	29d. DATE SIGNED						
뮒	29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	COMPLETED CAUSE OF DEAT)	int)	29c. LICENSE NUM	18 2	29d. DATE SIGNED	(Month, Day, Year)					
8	2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO G	COMPLETED CAUSE OF DEAT) IH (ITEM 27) (Type, Pri FRANKLIN	int)	29c. LICENSE NUM	18 2	29d. DATE SIGNED	(Month, Day, Year)					



State of Maryland / Department of Health and Mental Hygiene 96 23709

					Ce	rtificat	e of	Death		F	Reg. No.			
Physiciar /Medica	_	1. Decedent's Neme (First, Middle, Maggie	· _	eturner						2. Dete of Dee	Dey 8, 199	Yeer	3. Time of Deeth	
Examine	_	4e. Fecility Neme (If not Institution, 8545 Pulaski Hv		ım <i>ber)</i>				4b. City, To		ocation of Deeth	4c. Count			
Funeral Director		5. Sociel Security Number 564–26–0838	.Sex 1□M 2□xF	7. Age (In y	rs. last birthdey) Yrs.	If Under Months	1 Year Deys		24 Hrs. Min.	8. Dete of Birtl (Month, De) 7-16-	Year)	9. Birth	plece (State or Foreigntry)	
show		Usuel Residence of Decedent 10a. Stete 10b. County MD Ba	ltimore	10c.	City, Town or Lo	ocation	Ros	edale					10d. Inside City Limits	
or 28a-f	Directo	10e. Street end Number 8545 Pulaski h	hus #45			10f. Zip	Code				10g. Citizen of		1 ☐ Yes 2) (] N	
Examinar must be notified at Examinar must be notified at the Funeral Director		11. Marital Stetus 1 Never Married 2 Married	12. Wes Dec	2 No		_	dent of li		gin? (Spi n, Puerto	ecity Yes or No- Rican, etc.)	14. Rae Ble	USA 4. Race - American Indien, Bleck, White, etc.		
	ared by	3 Widowed 4 □ Divorced 15. Decedent's (Specify only highest)	Yeer or D	Detes:		1 ☐ Yes			t of work	ing	Special 16b. Kind of B	. 441.1	ite	
other traumatic event, tra Manical	Compi	Elementary/Secondary (0-12)	College ((Give kind of work done during most of working life. DO NOT use retired) Homemaker Dw						Own Home			
aumetic event, tre M. To Re Comp	000	17. Fether's Neme (First, Middle, Last) George Dossett 18. Mother's Alva							e (First, Middle, Cker	Meiden Sumer				
er traum		19e. Informent's Neme/Reletionship Elizabeth Worley		nter						a <i>l Route N</i> um <i>be</i> , Baltir			Code) 1237	
= ŏ		20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spe		0	cametery, cres	lece of Disposition (Name of ametery, cremetory or other pleca) Ster Family Cemetery					Alto,			
any Injury		21. Signeture of Funerel Service Lie	ensee	In	22	Cvach	/Ro		y = Fur	neral Ho Baltimo		212	27	
ician dical niner		23a. Pert1. Enter the disease, or co shock, or heert failure. List on Immediate Cause (Final disease or condition resulting In deeth)	ly one cause on a	20-ytl	ath. Do not ent		e of dyi	ng, such es	cardiec d	or respiretory en	est,		Approximete Intervel Between Onset and Deeth	
for use es the burial-transit	N/Medical Examiner	TWWedical Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last	b	Hven Due to	OS Clean (or as e conseq (or es e conseq	guenca of):							10 MIN
be detached for by Physicial											acco use contribute to the cause of dea			
2 should	2	2	- 2	Ág							24e. Wes e		ev	ere eutopsy findings elleble prior to mpletion of cause deeth?
5 0) [:	25. Wes case referred to medical	T .					00 Pt	-15	1 UY		10	Yes 2□ No	
To B		exeminer? 1 ☐ Yes 2 X No	Hospital:	npatient 2[☐ ER/Outpetien	t 3 DO	A Oth				-	ns /Cnnn%	hal .	
		7. Menner of Deeth 1 Neturei 5 Pending 2 Accident investigati	28e. Dete (Mont		28b. Time of Injury		Bc. Inju		4	ng Home 5 Residenca 6 □Other (Specify) 28d. Describe how injury occurred			y)	
ed in by the funer. Certification:		3 Suicide 6 Could not determine	d 289. Piece	of Injury - At ng, etc. (Spec	home, farm, stri sify)	eet, fectory,	, office		1	28f. Location (SI City or Town		ber or Rure	el Route Number,	
completely filled Medical Co		29a. Certifier Cartifying F (Check only one) Cartifying F	hysician: To the miner: On the ba end menr	bast of my kr asis of examir ner steted.	owledge, deeth letion end/or Inv	occurred e restigetion,	t the tir	me, dete end opinion, deet	d piece, e h occurre	end due to the co	euse(s) end me ate end place,	enner es si and due to	teted. o the cause(s)	
comple		9b. Signeture end title of certifier				29c.	Licens	e number		2	9d. Date signe	d (Month,	Dey, Year)	
	-	Name and address of	June	o of do-th (1)	02a) /T	Defen)	D	4461	4C	H	8/	191	96	
	┙		118 GUL>	DO HA	REARD	20.	BAL	TO. 1	Cr	21234				
State Registrar	3	AUG 12	1996 32. R	egistar's Sign	neture avidson-1	andere								

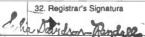


				-	Certificate d	f Health and Month of Death	,	Reg. No.	6 2	3710	
Physici /Medic		Decedant's Name (First, Middle, L HELEN	ast)		DOYA	AS	2. Date of Dea Month AUGUS	Day	Year	Time of Death 1:25 P.W	
Examin	-	4a. Facility Nama (If not institution, g	ive street end number)			4b. City, Town, or Lo				I A J I . IV	
		St. Joseph N.	н.			Catonsvi	lle	Ba:	ltimo	re	
Funeral Director				a (In yrs. lest birth	Months Da		8. Data of Birtl (Month, Dey 07/31/	, Year) 1901		(State or Foreign	
*		Usuei Residence of Decedent 10a. Stata 10b. County		10c. City, Town	or Location				404	1140h-11h-	
23a or 28a-f show ust be notified at	2	17 17 17 17 17 17 17 17 17 17 17 17 17 1	imore		nsville					Inside City Limita 1 ☑ Yes 2 ☐ No	
28a-	ect	10e. Street end Number			10f. Zip Cod	to.	10g. Citizen of What Country?				
2 2	ā	1222 Tugwell	Drive		100	1228	USA				
10.22	Funeral Director	11. Marital Status							a - Amarican I	ndian.	
or items uniner m		1 Nevar Married 2 Married	Armed Forces?				Ispanic Origin? (Specify Yas or No- in, Maxican, Puerto Rican, etc.)				
72 hours after natural", or its dical Examins	by	3 DWidowed 4 ☐ Divorced	If Yes, Give Yaar or Dates:		1□ Yes 2□	No Specify:		Specify	whit	e	
Sical	Completed	15. Decedent's (Specify only highast g		16a. C	ecedant's Usual Oc	cupation	ina	16b. Kind of Bu			
ed within ygiene, wer than "	ם	Eiementary/Secondary (0-12) Collega (1-		(Give kind of work done during most of w life. DO NOT use retired)			nig				
		12		Homemak			Home				
9.0	B	17. Father's Name (First, Middle, Las					a (First, Middle,				
hetto	10	August F. Ste						Ratajczak			
rtraur		19a. Intormant's Name/Relationship Sr. Paulett,SS			19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 4701 N. Charles St., Balto, Md 21210						
6		20a. Mathod of Disposition	ND/Daught		Disposition (Neme of		, Balt	20c. Location -		State	
040		1 □ Burial 2 □ Cramation 3				State					
(m)		4 Donation 5 Other (Spec		Sacred	22. Nama and Ad	of Jesus	0/13	Balto	, Ma.		
amy i		21. Signatury of Tuneral Sarvice Lic	l Home, Inc								
		1 Letter 1	1. White	4000 LI	2134 Wi	llow Spri	ng Rd,	Dunda	alk, Mo		
		23a. Part1. Enter tha disease, or con shock, or heart failura. List on	nplications that caused y one causa on aach tir	the daath. Do no	t enter the mode of	dying, such as cardiac	or respiratory an	rest,	Int	proximate erval Between eset and Death	
cian Iical		immediate Cause (Finai	1								
ner		disease or condition resulting in death)	e. May	nall	as:						
	-		-	Due to (or as e co	W .	struct	4 /	Zurino			
150	Examiner	Convention to the transfer of	0	Que to (or as a co	- 4	smure	con c	100			
, 8	3	Sequentially list conditions,	Honk	1.0 11	risequence or).						
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State Registrar

30. Name and address of person who opposed cause of death (item 23a) (Type, Print)
Alejandro Mejia 405 Frederick R 31. Date fillad (Menth, Dey, Year) AUG 1 2 1996

29b. Signatura and titla of cartifiar

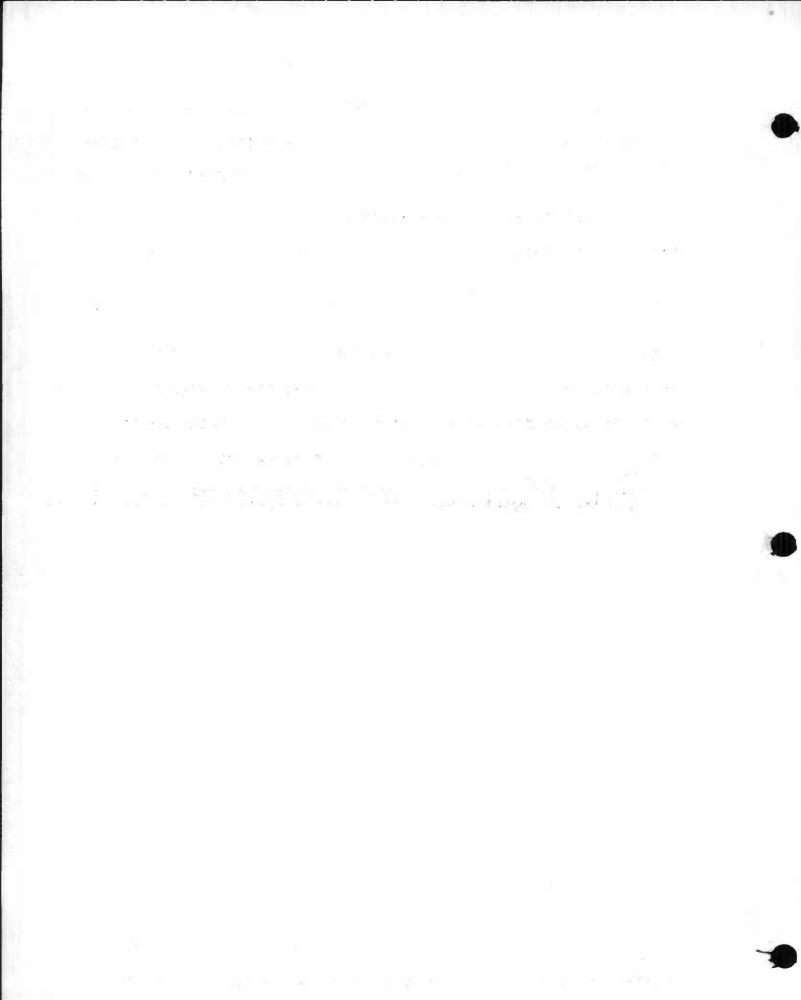


29c. Licansa number

208780

405 Frederick Rd, Catonsville, Md. 21228

29d. Date signed (Month, Day, Year)



RONALD

10e. State

Maryland

5. Social Security Number

212-76-2232 Usuel Residence of Decedent

10e. Street end Number

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

10f. Zip Code

Items: 23 part I,27 per MEO 6-738 8/13/96 Certificate of Death

10c. City, Town or Locetion

Baltimore

CHARLES

1. Decedent's Name (First, Middle, Lest) AKA RONALD JENKINS

XXM 2 F

4a. Fecility Name (If not institution, give street end number)

1026 W.CROSS STREET

10b. County

Baltimore

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96	2	. 3	1	1
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21 1996

4c. County of Deeth

10g. Citizen of Whet Country?

3. Time of Deeth

10d. Inside City Limits

1 ☐ Yes 2 No

9:04 AM

2. Dete of Deeth

DWYER, JR JULY

BALTIMORE

(Lochearn)

4b. City, Town, or Location of Deeth

7. Age (In yrs. lest birthdey) If Under 1 Year Hours Min. Sept 25, 1958 9. Birthplece (State or Foreign Country) Manths Days Hours Min. Sept 25, 1958 Mary land

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	and	**	

or 28a-f shore

23a	<u>a</u>	/114 Rockride	ge Road		21207		1	JSA
efter dea or items	by Funeral	11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. Wes Decedent Ever in U,S. Armed Forces? ↑ XYes 2 □ No If Yes, Give Year or Dates:	If Yes, sp	edent of Hispanic Origin? (Secify Cuben, Mexicen, Puer	Specify Yes or Noto Rican, etc.)	o- 14. Rec	ce - Americen Indien, ck, White, etc.
in 72 hours "natural",	eted	15. Decedent's (Specify only highest g	Education	16e. Decedent's Us	uel Occupetion work done during most of wa	rkina	16b. Kind of B	usiness/industry
vithin ene.	Completed	Elementary/Secondery (0-12)	College (1-4or 5+)	life. DO NOT	_{use retired)} ed Painter	,,,,,,,	Daivat	e Sector
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Mai od 2 sh lith and lith and 27 is rr		19e. Informent's Neme/Reletionship Mrs. Patricia Mor			ss (Street end Number or R ckridge Road			
Ses 1		20a. Method of Disposition 1 ☒ Buriel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Special Contents)	□Removel from State cem	e of Disposition (Netery, cremetory or Hill C	other plece)	Date 27, 199		City or Town, State
Baltim permit. Per Department important: any injury of	100	21. Signature of Funerei Service Lice		22. Name	end Address of Fecility Cully Funeral 7 E. Patapsco			
		23a. Peft1 Enter the disease, or con shock or heert feilure. List onl	mplications that caused the deeth. If y one cause on each line.	Do not enter the mo	ode of dylng, such es cerdia	c or respiratory e	rrest,	Approximete Intervel Between
Physicia /Medica	ıt 📗	Immediate Ceuse (Finel disease or condition	NARCOTIC, COCAIN	E AND ALCOH	OL INTOXICATION			Onset end Deeth
Examine		resulting in deeth)	e. Due to (or es	s e consequence of):			
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aw aw	Completed b					24e. Wes	en eutopsy ormed?	24b. Were eutopsy findings aveileble prior to completion of ceuse of deeth?
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To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	ation: To	152 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investigation	28e. Dete of Injury (Month, Dey Year) 28		OA Other: 4 Nursing F 28c. Injury at Work? 1 Yes 2 No		dence 8 XOth how injury occur	er BARGLEND HOME red
I or Atter after dea Director d in by th	Certifica	3 Suicide 4 Homicide Ould not to determined	28e. Plece of Injury - At home building, etc. (Specify)	, farm, street, facto	y, office	28f. Location (- City or To		er or Rurel Route Number,
e Hospita n 24 hours e Funeral	edicai C	29a. Certifier (Check only one) 1 Certifying Pl	hysician: To the best of my knowled miner: On the basis of exemination and menner stated.	dge, deeth occurred end/or investigation	at the time, dete end plece n, in my opinion, deeth occu	, end due to the rred et the time,	ceuse(s) end me dete end piece,	nner es steted. and due to the ceuse(s)
To th To th	M	29b. Signature end title of certifier		29	c. License number		29d. Dete signe	d (Month, Dey, Year)
		Mayrie Une	your		O.C.M.E.		JULY 2	1,1996
10		30. Name and address of person who MAMPOWD - A - N			eet, Baltim	nore, M	arylan	d 212 0 1
S	tate	31. Dete filed (Month) Day 1996	guias bundano franc	406				

Registrar



State of Maryland / Department of Health and Mental Hygiene 96

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Physici /Medic		1. Decedent's Name (First, Mi Harold					2. Date of Month	Day Yeer			3. Time of De 2:55am				
Examin		4a. Facility Name (If not institu						4			ocation of De		4c. County		_
		John Hopkins 5. Social Security Number	8. Sex		e (in yrs. las		If Und	er 1 Yeer	Balt		-	Pieth		9. Birthpiace (State of	
Funeral Director		217 38 7074 Usual Residence of Decedent	1 M 2		56	Yrs.	Month		Hours	Min.	8. Dete of (Month, June	Day, Yea 7, 19	940	Cou	place (State of Funtry)
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A Par		1 Never Married 2 N	larried 1	med Forces? XYes 2 ☐ N		in U.S. 13. Wes Decedent of Hispanic Origin? If Yes, specify Cuban, Mexican, Pu								Biack, White, etc.	
4.0	3 Widowed 4 NDivorced If Yes, Give Year or Dates: Vietnam					2 % No	No Specify:				Specify	Whi	te		
Died.	Completed	15. Deced (Specify only hig		16a. Decedent's Usual Occupation (Give kind of work done during most of work					ina	16b.	Kind of Bu	usiness/l	ndustry		
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27 is		Lance S. Deshi		son)		9 Schooner Court Middle									
oth a		20a. Method of Disposition		20b. Place of Disposition (Name of				Date		20c. Location - City or Town, State					
mt: #		1 □ Burial 2 □ Cremetic 4 □ Donetion 5 □ Other		al from State		emetery, crematory or other place)					/12/04	96 Baltimore County,			
Department of Important: if the any injury or o		21. Signature of Faneral Servi	ce Licensee		11011	22	2. Name	and Addres	s of Fecilit	у			LCLINO	TE C	ourcy, r
Depa impo any i		Name ?	Sec	mfg.	ford						Home			0400	
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

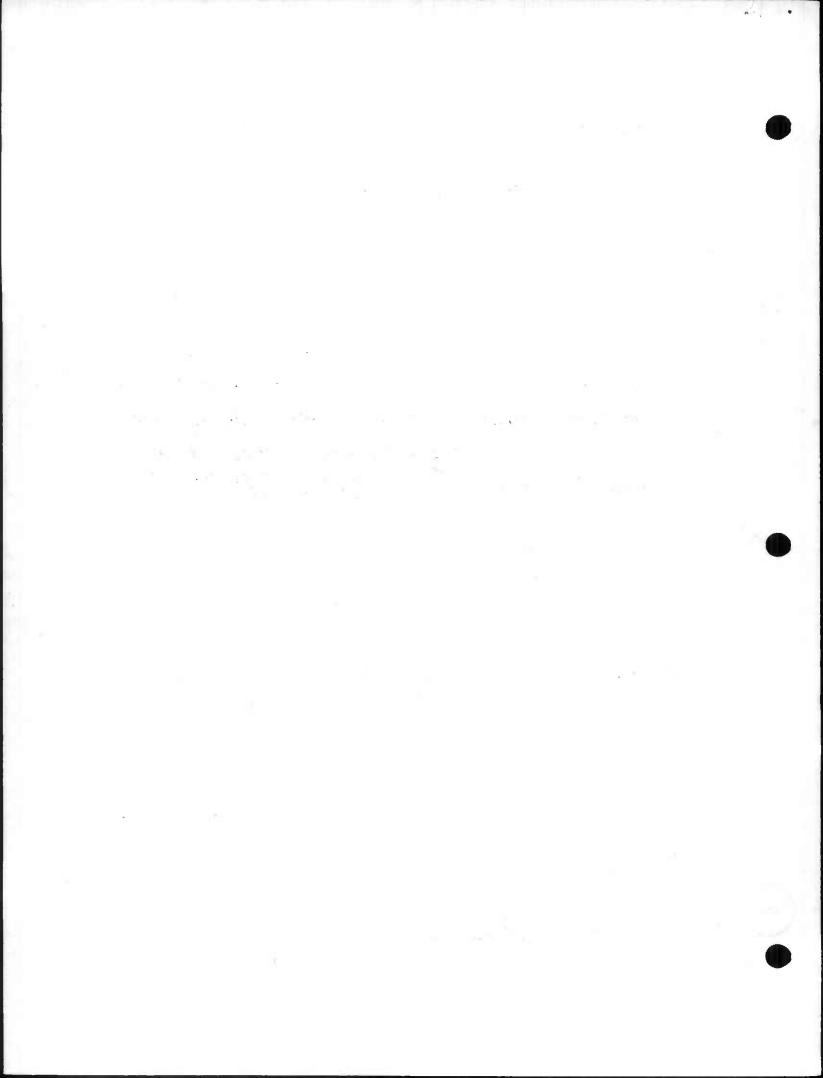
Deshpande

31. DATE FILED (Month, Day, Year) AUG 1 2 1996

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF CEATH YEAR ROMAINE EDER MIGHST 1996 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 X F 219-12-6260 76 March 19 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RIVERVIEW NURSING CENTRE, INC. Essex Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Essex 1 YES 2 X NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 1 Eastern Boulevard 21221 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES WW II 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerlo Rican, etc.) 1 YES 2 NO Specify: BY 3 X Widowed 4 Divorced White 8 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY П Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Office Manager Insurance 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, notified at John Krebs Gladys Williams BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Elizabeth G. Dyer / Daughter 104 Maltland Drive Cary, N.C. 27511 9 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Gemetery, crematory or other place)
Hilltop Service Corporation 8/12/96 Towson, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna examiner 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. Mark T. Zarozna 21214 Maryland 5305 Harford Road Baltimore, medical 23. PART I. Enler the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory street, Approximats shock, or heart fallure. List only one ceuse on each line interval Between Onset and Death IMMEDIATE CAUSE (Final the the disease or condition resulting in death) Cardiae 3 Doning event, Atheroscherotic Cardio vasuelar disease traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING of Non aware MI - 2/95 His tory CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury, or PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Hry cendio respiretory assest 9/93. Astane 23 shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO My opathy Restrictive lung Disease 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA | 4 | Nursin 1 YES 2 NO Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 28 4 Homicide Item 29a. CERTIFIER
(Check only one)

29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Dishpandens 46082 8/10/96

9000 Franklin Square Drive Baltimore, Maryland 2123;



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Death 3. Time of Deeth 15:54pm William Henry Elliott 1996 4b. City, Town, or Location of Deeth 4a. Facility Name (If not institution, give street end number) 4c. County of Death Union Memorial Hospital Baltimore City 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 217-62-1274 10 MM 2□ F Months Days Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No mare 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 12. Was Decedent Ever In U,S. Armed Forces? 1 □ Yes 2 No If Yes, Give Year or Date. 0 426 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status Race - American Indien, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorcad Fri- Amer 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 18. Mother's Name (First, Middle, Meiden Sumeme) 12 abore 17. Fether's Name (First, Middle, Last) an Malbr 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 20b. Place of Disposition cemetery, cremetory 2011 De 20c. Location - City or Town, State 20a. Method of Disposition Date 1 Burial 2 Cremation 3 □Removal from State 8/8/96 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licumbia Gilmore St. Baito, MD 23a. Part1. Enter the disease, or comshock, or heart failure. List only plications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, one cause on each line. Approximete Intervel Between Onset and Death Immediate Cause (Final disease or condition resulting in death) 4hRS Sepsi Due to (or as e consequence of): Due to (or es e consequence ol): 2 hours Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last FAILUR Houte - IVER Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No Liver Failure, Acute 24b. Were sutopsy findings evallable prior to completion of cause of death? 24e. Wes an autopsy performed? Failure, Immara compromise, Peptic UICER 2 No Anemia 1 ☐ Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) 1■ Yes 2□ No 1■ Inpatient 2 □ ER/Outpatient 3 □ DOA

Examiner burial-transit

Physician /Medical

Physician

/Medical

Examiner

Funeral Director

by

Be Completed

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Funeral

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permit. Pegas 1 and 2 should be filed within 72 hours efter death with the Marylai Depertment of Haalth end Mental Hygiana. Important: if item 27 is marked other than "natural", or items 23a or 28a-f ehow any Injury or other traumatic event, the Modical Examiner must be notified any Injury or other traumatic event, the Modical Examiner must be notified any once.

Baltimore, Maryland 21215-0020

To the Hospital or Attention within 24 hours after dean To the Funeral Director A completely filled in by the fu

The lew requires that the death certificets be axecuted Records, P.O. Box 68760, of Wital Certification: To Division Medicai

Physician/Medical Examiner þ Be Completed 27. Manner of Deeth

> 29a. Certifier (Check only one)

1 Natural

2 Accident

3 ☐ Suicide

4 Homicide

5 Pending investigation

28a. Dete of Injury (Month, Dey Year) 6 ☐ Could not be determined

28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28b. Time of

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how Injury occurred

Baltimere, MD 21206

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, end due to the cause(s) and manner stated.

29b. Signature and title of certifier

AU4176435A8476

29d. Date signed (Month, Dey, Yeer) 6,1996 August

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)

ARTS VIVIAN 31. Date filed (Month, Dey, Year)

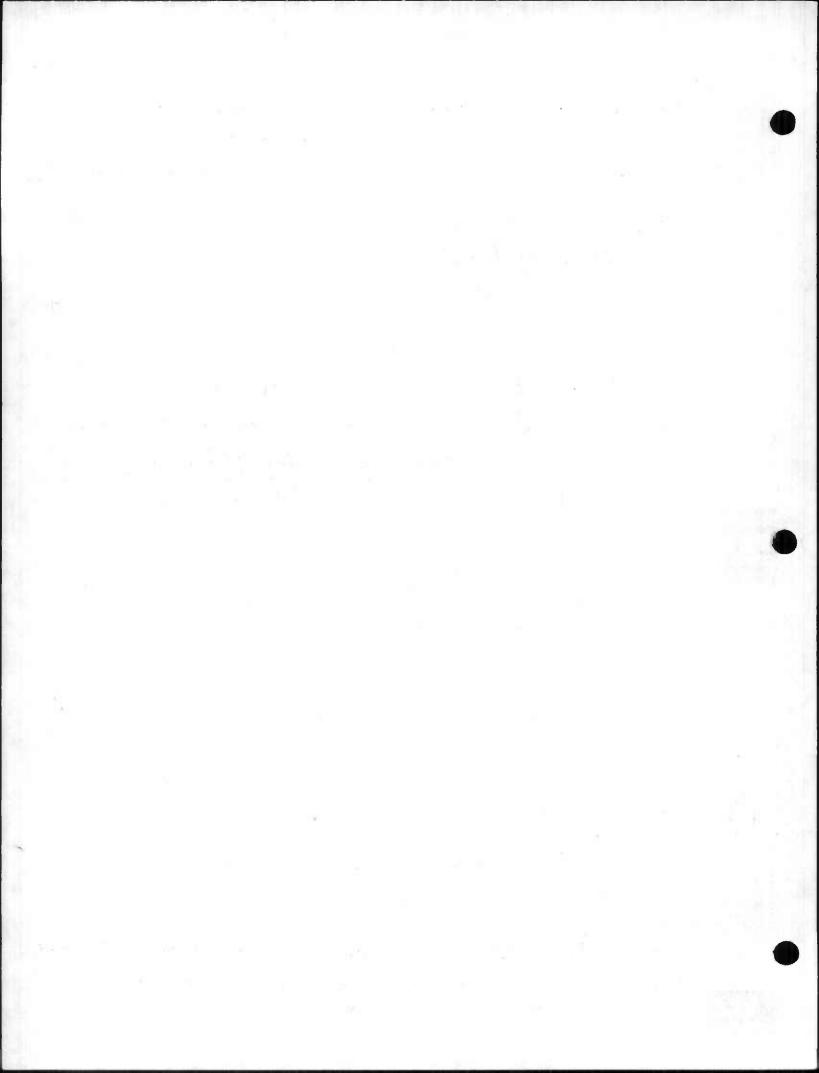
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ST. Regis Rd 32. Registra's Signature a Davidson

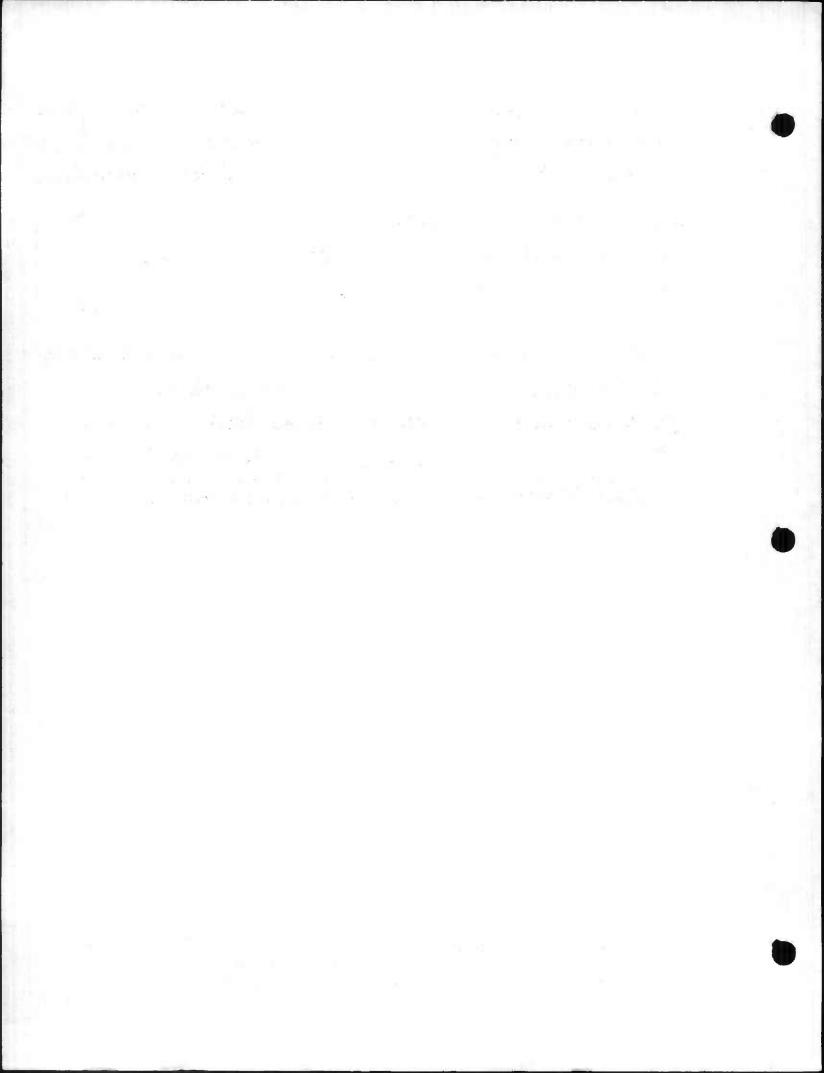
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Registrar



State of Maryland / Department of Health and Mental Hygiene 96 237 | 5

					Cert	ificate o	f Death	Re	g. No.) 20	1110		
	Dhualai		1. Decedent's Name (First, Middle, Last)				2. Date of Deeth Month	-	Year 3.	. Tima of Death		
	Physici /Medic		EARL E.	EPKINS				AUGUST			:50 am		
\rightarrow	Examir		4e. Facility Name (If not institution, give	street and number)			4b. City, Town, or I	Location of Death	4c. County	of Death			
			JOHNS HOPKINS H				BALTIMOR			MA			
	Funeral		5. Social Security Number 6. Se	4	. last birthday) Yrs.	Months Day		(Month, Day,	Year)	9. Birthplaca Country)	(State or Foreign		
	Director		Usual Residence of Decedent	M 20 F 38	115.			5/6/5	8	MARY	CALALI		
	yland		10a. State 10b. County	10c. C	ity, Town or Loca	ation				10d. I	Inside City Limits		
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	r 28a-f at	Director	10e. Street and Number			10f. Zip Code		10	g. Citizen of V	Vhat Country?			
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	Herra 2	Funeral	11. Marital Status	12. Wes Decedent Ever In Armed Forces?			cedent of Hispenic Origin? (Specify Yes or pecify Cuban, Mexican, Puerto Rican, etc.)		or No- 14. Race - Amer		ndian,		
0	hours after d tural, or item at Examiner		1 Never Married 2 Married	1 Yes 2 No		Yes 2		o rican, etc.)		k, White, etc.			
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		Co	17. Father's Name (First, Middle, Last)	NA	<i>L</i> u	DOPE		ne (First, Middle, M	CONS laiden Sumam		-10/0		
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re,			20a. Method of Disposition		Place of Disposit	tion (Name of	Jace)		Oc. Location -	-			
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68	deeth certificate be e ettending physicia d for use es the bur	Medical	resulting in death) Last							1	WEEK		
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	deeth e ette	sicia	Part II. Other significant conditions cor	ntributing to death but not re	sulting in the und	leriving cause	niven in Pert I.	23b. Did tol	Dacco usa cor	ntribute to the	cause of death?		
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L C		lon:	27. Mannar of Death 1 ☑Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. tn W	juryat /ork? □Yes 2□No	28d. Describe ho	w Injury occurr	ed			
Division of	death death stor:	Certification:	2 Accident investigation 3 Sulcide 6 Could not be	28e. Piace of Injury - At I	nome form street	17.		28f. Location (Str	eet and Numb	er or Burel Bo	ute Alumber		
<u>></u>	Or A Olived	ertit	4 ☐ Homicide datarminad	building, etc. (Spec	ify)	n, ractory, ome	9	City or Town	State)	er or rigidirio	ate Namber,		
	To the Mospital or Attending Ph within 24 hours effer death. To the Funeral Director: After th completely filled in by the funeral	O	29e. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and placa, and due to the cause(s) end manner as stated.										
	n 24 h	edical	(Check only 2 Medical Examination)	and due to the	cause(s)								
	Vithil To th Comp	X	29b. Signature end title of certifier			29c. License number 29d. Date signed (Month, Day, 1)					Year)		
			188 invende		0 0139	1	tuqust	05 1	496				
	2		30. Nama and address of person who co					HUSPITAL					
			CYKIL RUWENDA	E DEPT OF	MEDICIA		CTIMORE						
	Sta Registr		31. Date filed (Month, Day, Year)	32. Registrar s Sign	ature,	Marla De							



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	DEPAR					MENTAL	HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	F DEATN			3. TIME OF DEATH	
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	4. SOURE SECONT I NOMBER	-=-				DAYS	HOURS	MIN.	7. DATE OF (Month, I	Day, Ybar)		Count	HPLACE (State or Foreign NEW YORK	
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8	19e. INFORMANT'S NAME (Type/Print)				400050	0 (0)		_	Route Number	. 04	- 0 7:-		11010	_
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	23. PART I. Enter the diseases, or shock, or heart feliure.	List only one car	tee on each lie					_			4		Approximata interval Between	een.
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	disease or condition resulting in death)	. Au	terco	50/0	200	JI C	-	0,00	1106	cus	(, 60	1,7		
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ا تر ا	PART II. Other significent condition	ns contributing to	deeth but not	resulting	in the u	nderiyin	ceuse (given in	Part I.	4a. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDING	4GS
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<u>a</u>	3 Sulcide 6 Could not be	28e. PLACE 0 building	OF INJURY — At I etc. (Specify)	ome, farm,	street, te	ctory, offic	•			Town, State)		or Rural	Route Number,	
	4 Homicide determined													
ا يا ا	29a. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best o	my knowledge	seath occur	red at the	time, date	and place	, and due	to the cause	e(e) and me	nner ee stet	ied.		
Z	(Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner ee stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end									(a) and manner or stated	4			
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l w i	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
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IFI	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAL	SE OF DEATH OT	EM 27) /5m	Orint1 -		//							

86 2 c C 1 6 c o 31. DATE FILED (Month, Day, Year)

AUG 1 2 1996

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** LLOYD FRANCIS 96 1613 /Medical 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Haspi TAL BALTI MORE
if Under 24 Hrs. 8. Date of Bir UNIVERSITY OF MARYLAND NONE 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Hrs. Min. **Funeral** Deys Months 1 ☑ M 2 ☐ F Houra 218-07-1798 Yrs 30,1921 Director Usuel Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Modical Examinar must be notified at NA 1 Yes 2 □ No Director Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 701 2121 5.A permit. Pages 1 and 2 should be filed within 72 hours after death a Capatiment of Heath and Mental Hygiene. Important: if flem 27 is marked other than "natural", or frems 28s any injury or other traumatic aware. Hvenue 12. Wes Decedent Ever in U,S. Amed Forces? 1 N Yes 2 No If Yes, Give 14. Race - American Indian, Black, White, etc. 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No lf Yes, Give Year or Dates: Specify Black 2 3 ☐ Widowed 4 Divorced Completed 18e. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Mano Carroll Elementary/Secondary (0-12) College (1-4or 5+) Maintenance Supervisor Citizen 12th grade 17. Fether'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Norman 0 reherne Francis 19a. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) -Jister Md 21146 Hda 20e. Method of Disposition 20b. Place of Disposition (Name of Dete 20c. Location - City or Town, State 1 Buriel 2 Cremation 3 Removal from State emetery, crematory or other plece) son 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Walast Baltu, Mo 23a. Part I Enter the dispuss, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician /Medical Immediate Cause (Final disease or condition resulting in death) MINUTES MYOCARDIAL INFARCTION Examiner Due to (or as a consequence of): Examine ARTERIOSCLEROTIC CORONARY ARTERY DISEASE Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Bnd Due to (or as a consequence of) physician s the burial Box 68760 HYPERTENSION Physician/Medical Due to (or es e consequence of) DIABETES Division of Vital Records, P.O. 2 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopay findings avellable prior to completion of cause of death? 24e. Wes en autopay Completed D808 2 certificate 1 Yes 2€ No 1 ☐ Yes 2 € No Be 25. Was case referred to medical examiner? 28. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No To 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA ż 27. Manner of Death 28a. Date of injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Affer 5 Pending investigation 1 Natural death. 1 ☐ Yes 2 ☐ No I or Attend after death Director: 2 Accident 6 ☐ Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide A Hospital of 24 hours a Funeral D 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) and menner stated. 29a. Certifier (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 100 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) Emergency Dept. 22 S. greene St Baltimore UNIVERSITY HOSPITAL 32 Registrar's Signature State Registrar

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State of Maryland / Department of Health and Mental Hygiene Q 6

					tificate of D	eath	Re	g. No.	0 2	.0710				
	Physici /Medi Examir	cal	1. Decedant's Nama (First, Middla, Last) RUTH E FLETC 4a. Facility Nama (If not institution, giva street and number)	HER			2. Data of Death Month UCUS T ation of Death	Day	Yaar 1996 of Death	3. Tima of Death				
	LAUIIII	ICI	Harford Memorial Hospital		Ha	wre de G	race	Hart	jord					
	Funeral Director		5. Social Security Number 6. Sax 1 ☐ M 2 ☑ F 86 Usual Rasidance of Decedant 7. Aga (In yrs. 86	last birthday) Yrs.	Months Days	If Under 24 Hrs. Hours Min.	B. Data of Birth (Month, Day, Feb. 2	Year) 1,1910	9. Birthpla County Indu	ca (Stata or Foreign y) and				
	e Maryland	ctor		ty, Town or Loca		Dundalk			100	d. Insida City Limits 1 ☐ Yas 2 ☒ No				
	23a or 29	Funeral Director	10e. Street and Number 2905 Dunran Road Apt. D		10f. Zip Coda	21222	10	og. Citizan of V United		•				
020	filed within 72 hours after death with the Maryland Hyglene. ther than "natural", or Hems 23a or 28a-f show int, the Medical Examiner must be notified at	by	11. Marital Status 1 Nevar Married 2 Married 3/\(\text{D4Widowed 4 \(\Div\) Divorced}\) 12. Was Decedant Evar in U. Armed Forcas? 1 \(\Delta\) Yas 2\(\Delta\) No If Yas, Giva Yaar or Datas:	10		Specify:			e - Amaricer k, Whita, at Wh					
5-0	natu deal	Completed	15. Decedant's Education (Specify only highast grada completed)	16a. Deceda (Giva k	ant's Usual Occupati ind of work dona du O NOT usa retired)	on ring most of working	9 1	6b. Kind of Bu	sinass/Indu	istry				
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ary	d 2 should th and Mer 7 is marke traumetic	-	19a. Informent's Neme/Ralationship (Type, Print)	19b. Mailing	State, Zip C	2ode)								
	Page 1		Jack Heimberger/Son						009					
Baltimore,	permit. Pagas 1 a Department of Has Important: If item any injury or othe													
Ball	Depart Import any in		20a. Mathod of Disposition Data 20b. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or To											
68760,	Physician /Medical Examiner Be physician and be physician as the prival-laneit as the physician as the physicin as the physician as the physician as the physician as the physi	edical Examiner	Sequentially list conditions, if any, leading to immediate ceusa. Entar Underlying Cause (Diseasa or injury	or as a consequent	Poly Poly Poly property	Failu	ne.			Approximate interval Batween Onsat and Death				
Box	ath certification intending for use as	Physician/Mec	Part II. Other significant conditions contributing to death but not rasi	ulting in the unc	dariying causa given	in Part I.	23b. Did to	bacco use cor	ftribute to t	the cause of death?				
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Records,	aw requires is been sign 2 should be	Completed by					24a. Was ar perform	autopsy ned?	aveil	e autopsy findings lable prior to pletion of cause seth?				
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sion	ding It. Alter	tlon	27. Manner of Death 1 ≪Natural 5 □ Pending 2 □ Accident Invastigation Natural Pending (Month, Dey Year)	Injury	28c. Injury a Work? M 1 \(\text{Y}	ns 2 □ No	od. Dascribe no	w injury occurr	60					
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_	the Holytel I hin 24 hours a the Funeral D npletely filled	edical C	29e. Certifiar (Check only one) 1 Certifying Physicien: To the best of my knor one) 2 Medical Examiner: On tha basis of axeminal and mannar stated.	wiedge, death o tion and/or inva	occurred at the time astigation, in my opin	, data and place, ar nion, daath occurred	nd due to the ca d at tha tima, da	use(s) end ma ita and piece, e	nner as statend dua to t	ted. ha ceuse(s)				
	To the within To the complete	M	29b. Signature and title of certifier)	29c. License r	2066	5 / 25	ed. Date tigned	Month, pl	ay, Yolar)				
	Sta	te	30. Name and/address of person who completed datuse of death (then 30. Date filed (Month, Day, Year)	POType, P	olulo	n St.	Hav	re d	Er	ace M				
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH Anthony 11:35 A.M Ferrara, Sr. August 9 1996 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)

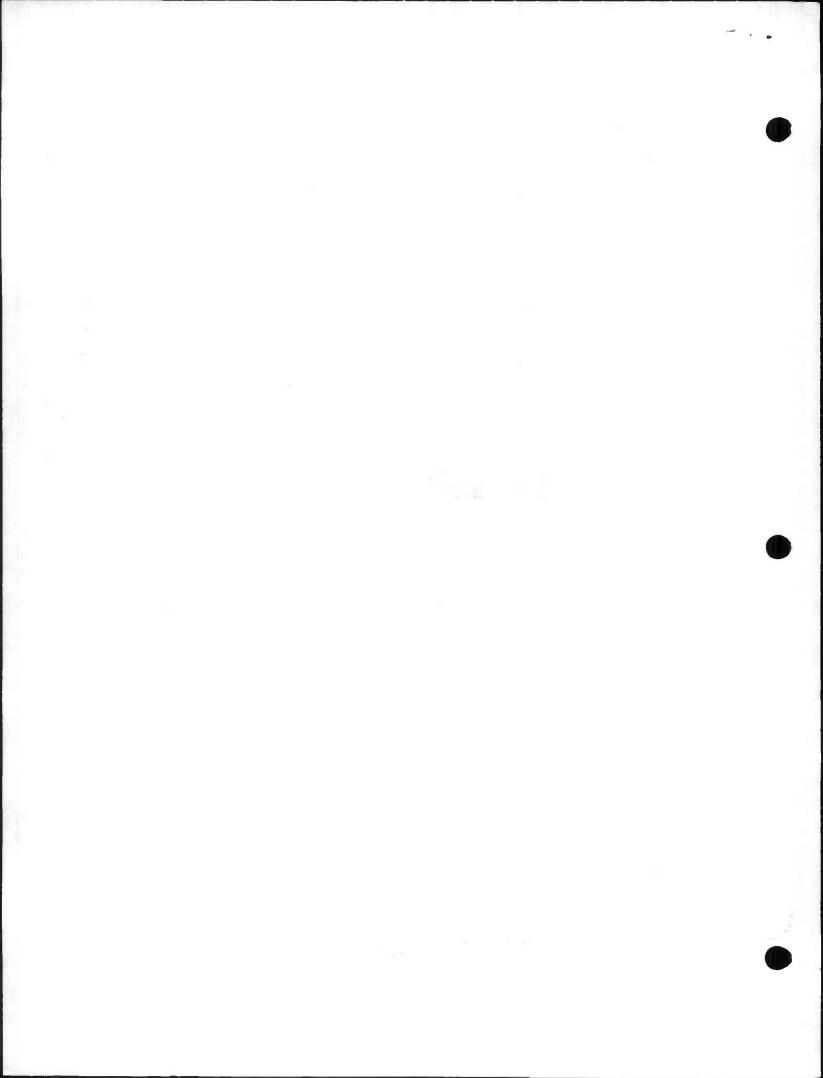
Jan 7 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS 213-03-6482 1 X M 2 T F 76 1920 Maryland Sa. FACILITY NAME (If not institution, give street and number) 96 CITY TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1813 Cobourg Court Parkville Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Baltimore Parkville 1 YES 2 X NO 10a. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1813 Cobourg Court 21234 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, atc. tf yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 X Widowed 4 Divorced White WW II COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Foreman 12 Bethlehem Steel Corp. notified at once. 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Salvatore Ferrara Marianna Campo BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Thomas D. Ferrara (Son) 9317 Pent Angel Way Baltimore, Maryland 21236 be 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 20a. METHOD OF DISPOSITION

1 & Burlal 2 Cremation 3 Ramovat from State
4 Donation 6 Other (Specify) Holy Redeemer Cemetery 8/13/96 Baltimore Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton_J Knight Jr Leonard J. Ruck. Inc. 5305 Harford Road Baltimore, Md. 21214 medical 23. PART I. Enter the diseases, or complication ahock, or heart fellure. List only or used the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Interval Between Onset and Death IMMEDIATE CAUSE (Finel the disease or condition___ OB AS A CONSEQUENCE OF: THULLIAM FIBRILLATION resulting in death) traumatic event, CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Diseese or Injury MINIQUENCE DE thet initieted eventa resulting in death) LAST 6 Injury, PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? MAILABLE PRIOR TO any COMPLETION DF CAUSE Shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN PHYSICIAN: 23 26. PLACE DF DEATH (Check only of 25. WAS CASE REFERRED TO MEDICAL Item HOSPITAL: OTHER: 1 YES 2 ND 1 Inpetient 2 ER/Outpetient 3 DOA 4 ☐ Nursing Home S Residence 6 ☐ Other (Specify) 0 26a. DATE DF INJURY (Month, Day, Year) 26b, TIME DF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 ND BY 2 Accident
3 Suicide 28e. PLACE OF tNJURY — At home, farm, streat, factory, offica building, atc. (Specify) 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 6 Could not be COMPLETED 4 Homicide 28 Item 29a. CERTIFIER
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1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL TO THE FUNERAL DE FIEE WITHIN 72 H (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE 0 N WHO COMPLETED CAUSE OF DEATH (TEM 27) (TEM

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State of Maryland / Department of Health and Mental Hygiene

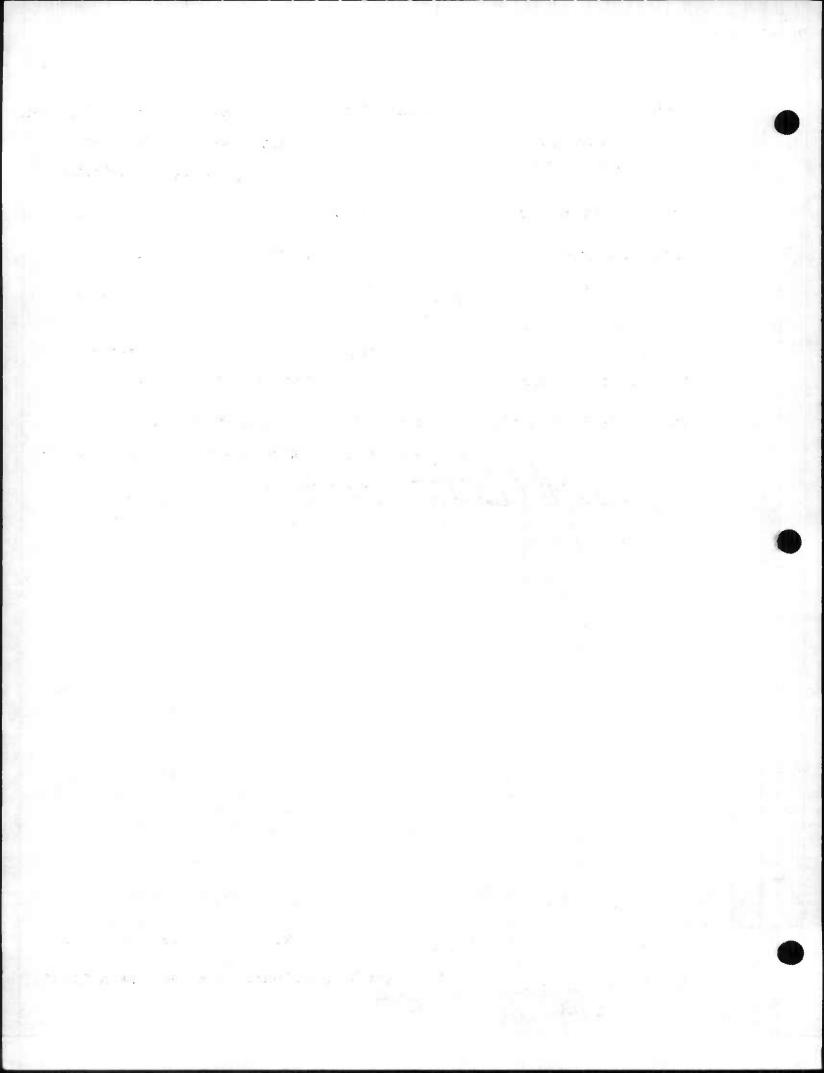
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uneral irector		5. Social Sacurity Number 153-24-7859 Usual Residence of Decedant	Sex 12 M 2□ F	7. Aga (In yrs. las.		Undar 1 Year onths Days	If Undar 24 Hrs.	8. Data of Birt (Month, De		9. Birthp	olaca (Stata or Fora arolina
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3a or 28a	il Direc	10e. Street and Number 1206 Union Avenu	e		10	of. Zip Coda	21211		10g. Citizan of	Whet Cour	ntry?
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ia mar auma		19a. Informant's Name/Ralationship Virginia Frederi	, ,, ,	0	1335 Wo	ody Ro	t and Number or Ru bad Dalla				Coda)
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State Registrar 31. Data filed (Month, Day, Year) AUG 12 1996

32. Registrar's Signatura Rindelle



State of Maryland / Department of Health and Mental Hygiene O C

	_		Decedant's Name (First, Middle				tificate of			Reg. No.	0 2	3121
	Physici	an							2. Dete of De	-	1996	3. Time of Death
	/Medi		MARY VOGTMAN		- harl			4h City Town or	AUGUS'			4:10 P.M
	Examir	er	4e. Fecility Neme (If not institution) 1840 LOCH SHI		nber)			4b. City, Town, or HILLEND.			ity of Deeth	Ξ
	Funeral Director		5. Sociel Security Number 214–12–2742	6. Sex 1 ☐ M 2 ☐ XF	7. Age (In yrs. 74	last birthdey) Yrs.	If Under 1 Yeer Months Deys		8. Dete of Bi		9. Birthp Cour MAR	plece (Stete or Foreign
	p a		Usuet Residence of Decedent 10e. Stete 10b. County		100 0	ty, Town or Lo	antion					
	the Maryler 28a-f show	tor	3,1105.1	IMORE	100.01	HILLEN					1	0d. Inside City Limits 1 Yes 2 No
	or 284	Director	10e. Street end Number				10f. Zip Code			10g. Citizen o	f What Cour	itry?
	53a c		1840 LOCH SHIE	ROAD			21	234		USA		
	de E	Funeral	11. Meritel Status	12. Wes Dece Armed For	dent Ever in U	I,S. 13.	Wes Decedent of It f Yes, specify Cub		pectfy Yes or No		ece - Americ	
21215-0020	filed within 72 hours efter death with the Marylend thygiene. ther then "natural", or Items 23s or 28s-f show mt, the Medical Examiner must be notified a	by	1 Never Married 2 Merrie 3 Widowed 4 Divorced	ed 1 Tes If Yes, Give Year or De	2⊠No e		1 ☐ Yes 2 No	Specify:	to nican, etc.)	Spec	leck, White,	
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2	filed withi Hygiene. Ither then	5	12th GRADE			KEY F	UNCH OPE	RATOR		ARMO	O STEE	eL
pu	0 - 0 5	Be	17. Father's Name (First, Middla, L					18. Mother's Ne			ame)	
Yla	should be and Mentel marked o	70	CHARLES VOGTM					MAMIE	PATZWAI	ماء		
Maryland	2002		19e. Informent's Neme/Relationsh		CONT		ng Address (Street					
	of Health Item 27	-	DAVID H. GREEN, 20a. Method of Disposition	JR.	SON		LOCH SH sition (Neme of	IEL ROAD		NDALE,		1234
Baltimore,	H H H		12 Burlel 2 □ Crametion 4 □ Donetion 5 □ Other (Sp		State	cemetery, cren	EART OF		Dete 8/9/96	DUNDA		ARYLAND
Ball	permit. Per Depertment important: any Injury once.		21. Signature of Funeral Service 4	censee	/	JC	Neme end Addre	INERAL HO	ME 852	l LOCH	RAVEN	BLVD.
			23a Party Enter the disease, or a shock, or heaft failure. List	multicetions thet ca	used the deel	th. Do not ent	DWSON, ME er the mode of dvir	21286 ng. such es cardia	c or respiretory e	rrest.		Approximate
	Physician		shock, or heart failure. Liste	my one cause on ea	ech line.		,				1	Approximate Intervel Between Onset and Deeth
	/Medical		Immediata Ceuse (Finei		Δ.	1.	٨	. rdial	TA	- tu	10	16-
	Examiner		diseese or condition resulting in death)	е/	Diate	or as a consec		· CAILI	241	101		1 1114
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	icete be executed physician and s the burial-transit	Examiner	Sequentially list conditions	b	Due to (c	or es e conseq	uenca of):		/	+/Ten	7	4-2.
ó	be execuician and burial-trar	Ä	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaesa or injury that initiated events						Disect	C		
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	5 00		resulting in death) Lest		,		,				į	
Box	death cer e attendir od for use	an.		d								
	dead se att	Physician/N	Pert II. Other eignificant condition	contributing to dea	ath but not res	ulting in the ur	nderlying causa giv	en in Part I.	23b. Dld	tobacco uee c	contribute to	the cause of death?
P.0	by the	کار							10	Yes 2016	3 □ Proi	bably 4 Unknown
	ss that gned b									1		
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I Re	The lew ate has b	Comp							10	Yes 2 No		deeth? □Yes 2 No
/ita	Physician: The	Be	25. Was case referred to medical examiner?						eth (Check only	ona)		
of	Physic this c	2	1 Yes 2D No		·	ER/Outpatien		4 LI Nursing F			ther (Specif	v)
n n	ng P	on:	27. Manner of Saeth t Returel 5 ☐ Pending	28e. Deta of (Month)	f Injury n, Dey Year)	28b. Time of Injury	28c. Injui Wor		284 Deskribe	how injury occ	urred	
Sio	Attending r death.	catl	2 Accidant invastige	ition			M 1 🗆	Yas 2 □ No				
Division	or Att	Certification:	3 Suicide 6 Could no 4 Homicida determin	ed 288. Pieca (of Injury - At hig, etc. (Specil	ome, ferm, str 'y)	eet, fectory, offica		28f. Location (City or To	Street and Nur wn, Stete)	nber or Rura	I Route Number,
	rei Delli								}			
	To the Hospital or Attending F within 24 hours after death. To the Funers! Director; After completely filled in by the funer	edicai	29e. Certifier (Check only one) Certifying Certifying Certifying	Phyeician: To the beautiful mental me	sis of examine	wledga, death ition end/or inv	occurred et the tir restigetion, in my o	me, dete end plece optnion, deeth occu	i, end due to tha irred et the time,	dete end plece	manner es si e, end due to	eted. the cause(s)
	To the vithin 2 To the comple	2	29b. Signature and title of certifier	1		,	29c. Licens	se number		29d. Date sign	ned (Month,	Day, Year)
		1	bui	22 D	unh	N	D	0147	2	8	7/9	6
	177		30. Name end eddress of person w	ho completed causa	of deeth (Man	n 23a) (Type, I	Print)	C + O	10.		6.5	-
	12		Louis E	Gran	Zer		301:	ナートー	11/.	rite	115	207-
	Sta	te	31. Dete filed (Month, Dey, Year)	32,80	gtstrer's Signa	ature		13-11-	mo		21	200
	Registr	ar	AUG 12 1996	13 00	10000 - 100	MARINE						

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permit. Pages 1 and 2 should be fi Department of Health and Mental H Important: If Item 27 is marked oth any Injury or other traumatic even

Pages 1 and 2 should be nent of Health and Mental

the Medical Examiner

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** WILLIAM GREEN AUGUST 08, 1996 3:25 PM. /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1308 N. MOUNT ST. BALTIMORE 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) if Under 24 Hrs. Birthplece (State or Foreign Country) **Funeral** Months Days M 2□F Hours 229-36-4/4// Usuel Residence of Decedent Yrs Director -34 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Nes 2 No Director MD 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21217 N. MOUN Funeral Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Biack, White, atc. Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 ☐ Yes 25 No Black þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 1014 NA Laborer 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be UNK UNK 19a. Informant's Name/Relationship (Type, Pnnt) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1308 N. Mount St Buttimore, MAD, 21217 Shaw Mamie 20a. Method of Disposition
1 ☑ Burial 2 ☑ Cramation 3 ☑ Ramoval from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date 4 ☐ Donation 5 ☐ Other (Specify) MI. ZION 8-12-96 BALTimore, InD 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility 638 N. Gilver Street 7/4 PA BATIMONE, MD, 212/7 Implications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, lly one cause on each line. Approximete Intarval Betw **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical a Atheroscleratic Cardiovascular disease Examiner Due to (or as a consequence of): Completed by Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or as e consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown 24a. Wes an autopsy performed? 24b. Ware autopsy findings available prior to complation of cause of deeth? +0 Limited Head and Liver 1⊠ Yes 2□ No 1 X Yes 2 □ No 25. Was case referred to medicat examiner?
1. 1 Yes 2 No Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) မှ Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide

1 Certifying Physician: To the best of my knowledga, daath occurred at the time, date and place, and due to the cause(s) and mannar as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated.

29c. License number

O.C.M.E.

29d. Date signed (Month, Day, Year)

AUGUST 09, 1996

Division of Vital Records, P.O. Box 68760,

the attending physician and thed for use as the buriel-transit or Attending Physician: The law requires that the death certificete be executed be detached funeral director, page 2 this after death. the ind in by

Certification:

State Registrar

Medical

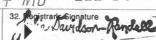
29e. Certifiar (Check only one)

29b. Signatura and titla of certifier

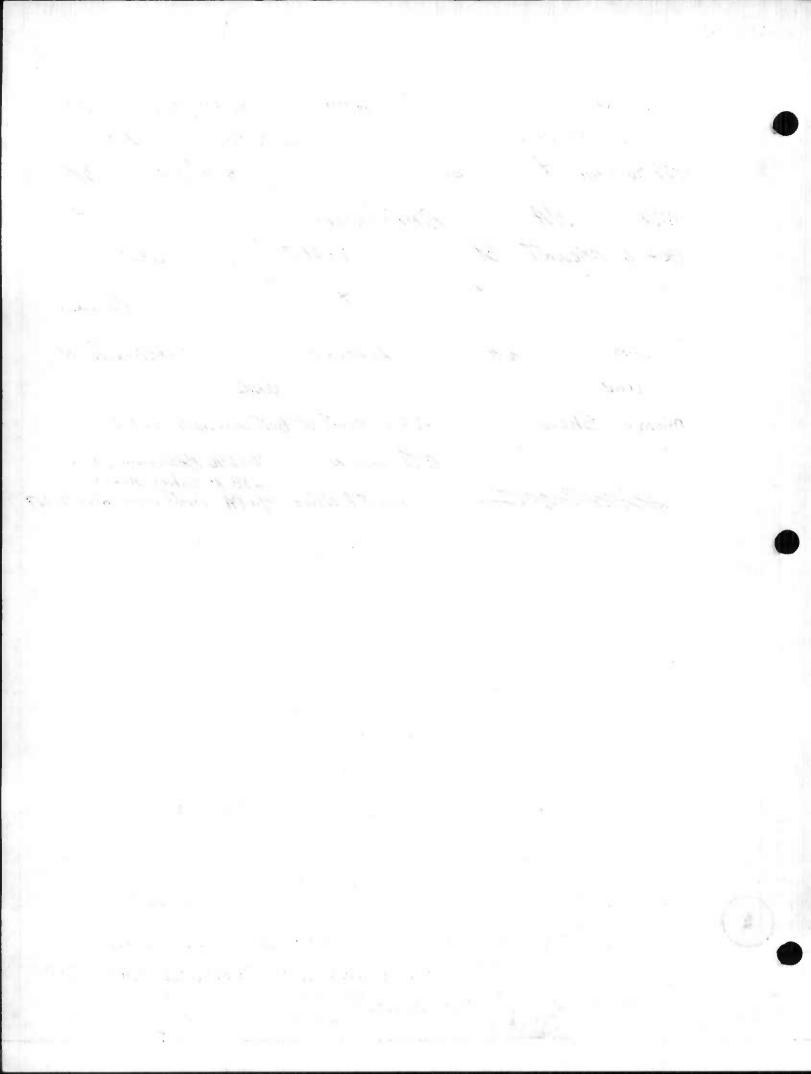
30. Name and address of person who complated cause of death (Itam 23a) (Type, Print)

TOWALD G 1001607 MD 111 Penn Street, Baltimore, Maryland 21201 DONALD G. WRI 31. Date filed (Month, Day, Year) AUG 12 1996 MD WRIGHT

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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** Pancratius 8:46 PM boetz August 1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore Johns Hopkins Bayview Center Baltimore Medical If Undar 1 Yaar | If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Days Hours Months 1√ M 2□ F Min. 217-20-3761 72 **Director** MD Usual Rasidanca of Decedant 72 hours after death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits rithan "natural", or items 23s or 28s-f show the Medical Examiner must be notined at N/A Baltimore 1 X Yas 2 □ No Director 10a. Streat and Number 10f. Zip Coda 10g. Citizan of What Country? 7923 Gough St. 21224 USA Funerai 12. Was Decedant Evar In U.S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yaa, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Raca - Amarican Indian. Black, Whita, atc. 1√ Yas 2 No If Yas, Giva Yaar or Datas: 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2√ No þ Specify: WW II 3 Widowed 4 Divorced white Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry pernit. Pages 1 and 2 should be filed within 7 Department of Health and Mental thygiene. Important: if itsm 27 is marked other than "rany lijury or other traumatic event, in Med 90008. Elemantary/Secondary (0-12) College (1-4or 5+) American Can Co. 8 Lithographer 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Joseph Goetz Mary Reh 2 19a. Informant's Name/Raletionship (Type, Pnnt) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Ella Mae Goetz/ wife 7923 Gough St. Baltimore, MD 21224 20b. Place of Disposition (Nama of cematary, crematory or other place)
Ganciens of Faith 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 Burial 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Specify) 8-10-96 Baltimore, MD 21. Signature of Punaral Sarvice Licenses 22. Nama and Addrass of Facility Cvach/Rosedale Funeral Home mix. 1211 Chesaco Ave. Baltimore, MD ex 23a. Part 1. Entar tha disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onsat and Death Physician /Medical tmmediata Causa (Final disaasa or condition rasulting in deeth) Preumonia 7 days Examiner Dua to (or es e consequance of): Pulmonory Disease Examiner Obstructive yeors attending physician and for use as the bunel-trensit The law requires that the death certificate be executed Sequantially list conditions, if any, leading to immadiata causa. Enter Underlying Causa (Disaasa or Injury Dua to (or as a consequence of): of Vital Records, P.O. Box 68760 yocardial Physician/Medicai that initiated avants rasulting in daath) Last Oua to (or as a consequanca of): itation ears Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. the s 23b. Did tobecco use contribute to the cause of death? signed by to Aortic Sterosis 1 ☐ Yes 2 ☐ No Probably 4 Unknown 3) ģ Reval Insufficiency-24b. Ware sutopsy findings swellable prior to completion of causa of death? 24e. Wes sn sutopsy performed? Completed 1 ☐ Yas 2 ☐ No 25. Was casa refarred to medical axeminar? director Be 26. Place of Death (Check only ona) axeminar?
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27. Memar of baath Hospital: Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) spital: 1 A Inpatlant 2 28a. Data of Injury (Month, Day Year) ၉ 2 ER/Outpatient 3□ DOA this 28d. Dascribe how Injury occurred Certification: 28b. Tima of 28c. Injury at Work? After Derision 1 ANetural 2 Accidant 5 Panding invastigation 1 ☐ Yas 2 ☐ No 6 Could not be datarminad 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida o the Funeral D Certifying Physicien: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner steted. 29a. Cartifier edicai (Check only one) To the within 2 To the 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) MD N2624 30. Nama sn sddress of person who completed causa of daath (Itam 23a) (Type, Print) Trichon, MA. Johns Hopkins Hospital H. Benjamin 31. Dete filed (Month, Day, Year) 32. Registrar's Signatura AUG 1 lie Davidson

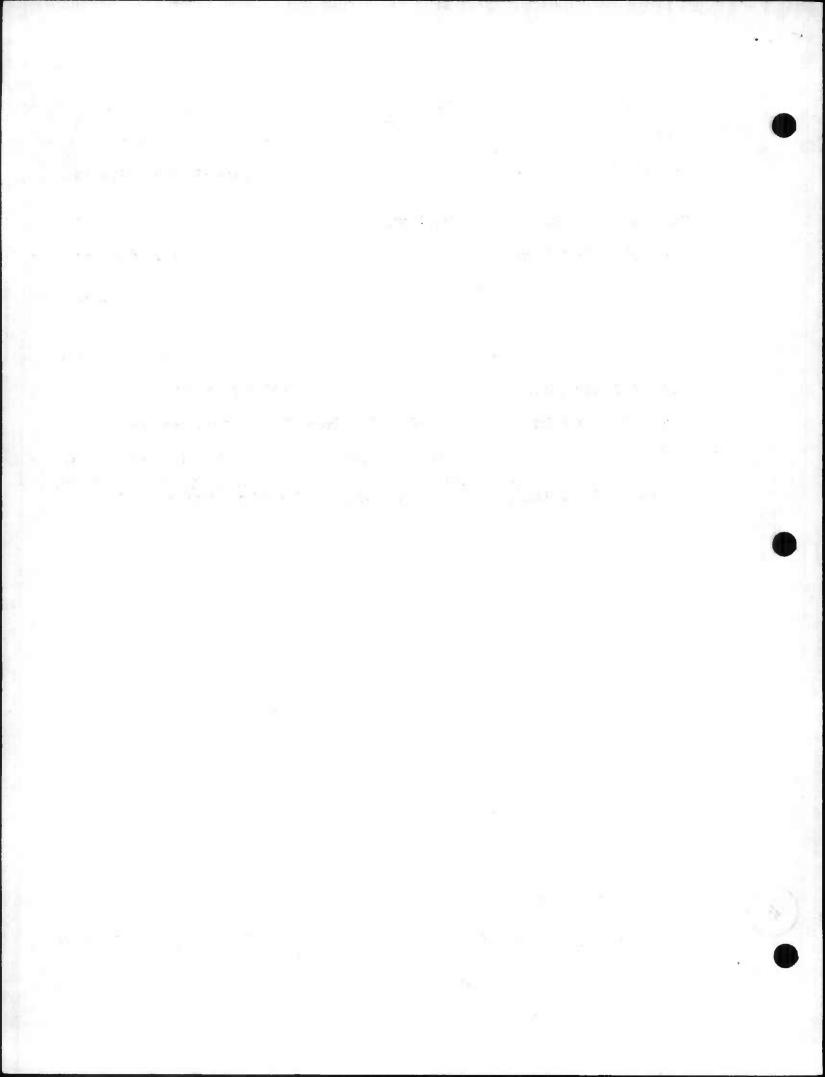
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Registrar

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State of Maryland / Department of Health and Mental Hygiene Q C 22721

-		Decedent's Name (First, Middla, La	or)	Cer	tificate of	Death	2. Date of D	Reg. No.		Time of Death
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/Medic Examin		4a. Facility Name (If not institution, giv	street and number - Hospital	Dave C	le	45. City, Town, or Coudal	_		of Death	uses
Funeral Director		210 20 1107	_ 14	rs. last birthday) 88 Yrs.	If Undar 1 Yaar Months Days		8. Data of Bi (Month, D June 12	rth ay, Year) 2,1908	9. Birthplace Country) Minneso	(State or Foreign
Mow III		Usual Residence of Decedent 10a. Stata 10b. County	10c.	City, Town or Loc	ation				10d.	inside City Limits
26a-f show	ctor	Maryland N/	A B	altimore	_					1 X Yes 2 No
a or 2	Dire	10e. Street and Number 6811 Campfield D	rivo		10f. Zip Code 21207			10g. Citizen of V	What Country?	
incument is nous are coast with the maryand thygiene than "natural", or Itema 23a or 28a-f show ant, the Medical Examinet must be notified at	by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar in Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Datas:			Hispanic Origin? (S ban, Mexican, Puari Specify:	pecify Yes or No Rican, atc.)		e - American i	ndlan,
piene. r than "natural", r- Medical Exa	Completed	15. Decedent's Ec (Specify only highast gra Elamantary/Secondary (0-12)	ucation da completed) College (1-4or 5+) 5+	16a. Decede (Give A life. D		pation a during most of wor ad)	rking	16b. Kind of Bu		
= 0 5	Be C	17. Father's Neme (First, Middle, Last)				18. Mother's Nar	na (First, Middle	, Maiden Sumam		illoy
and Ment is marked	To	Edward O. Wergeda				Wilhelm		yer		
and and and and and and and and and and		John C. Lang/ S	**	7614	g Address (<i>Stree</i> Club Ro	and Number or Ru ad Ruxt.	on, Mary		State, Zip Cod L204	de)
of Hear		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐	Pemoval from State	b. Place of Dispos cemetery, crem	ition (Name of atory or other pla	ace)	Date	20c. Location -	City or Town,	
rtment rtant:		4 ☐ Donation 5 ☐ Other (Specify)	Parkwood			3/12/96	Baltimor		
positive rapes is an a should be populated Media important: If itsm 27 is marked any injury or other traumetic averages.		21. Signature of Funeral Sarvice Licer Buch a. Wil	Brian A. Will	1em 530	Nama and Addr 5 Harford	ass of Facility Lec Road Balt	onard J. I imore, Mai	Ruck Funera Cyland 21	al Home, 214	Inc.
/Medical physician and nasa as the bural-transit	Medical Examiner	Immediate Cause (Final disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events rasulting in death) Last	b. — Due to	o (or as a consequence o (or a consequence o (or a consequence o (or a consequence o (or a consequence o (or a consequence o (or a consequence o (or a consequence o (or a consequence o (or a consequence o (or a consequence o (or a consequence o (or a consequence o (or a cons	uence of):					wik
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this certificate ral director, pag	o Be	25. Was casa referred to medical examiner? 1 Yes 2 No	Hospital: 1 Pinpatlent 2	. □ EB/O	oc pos Oti	26. Place of Dea			(01)	
After	ation: To	27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	28e. Dete of injury (Month, Day Year)	P ER/Outpetient 28b. Time of injury	28c. tnju Wo	4 LI Nursing n	T	idence 8 Oth- how injury occurr		
al Director: led in by the	Certification:	3 Suicide 6 Could not be determined	building, etc. (Spe	ecity)			City or To	(Street and Numb wn, State)		
18 THE	Medical	29e. Certifier (Check only one) Certifying Physics Medical Example (Check only one)	retctan: To the best of my kiner: On the besis of exam and manner stated.	knowledge, death ination and/or inve	occurred at the ti estigetion, in my	ime, date and place opinion, death occu	red at the time	cause(s) and ma date and place,	nner as steted and due to the	t. cause(s)
Funeral Btely filled	- A		and mariner stated.		29c. Licans	sa number		29d. Data signed	d (Month, Day	Year)
To the Funeral Completely filled	Me	29b. Signature and title of certifier	is mo		D	44508		Auben	37 8	, 1996



96-4409-005 ITEMS: 23 PART IPlease Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 27, PER MEO FILM G-738 State of Maryland / Department of Health and Mental Hygiene 8/15/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** AUG. 06, HOWARD 0740 AM **EDWARD** /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 6207 LIBERTY TERR. WOODLAWN BALTIMORE If Under 1 Yeer If Under 24 Hrs. Sociel Security Number Sex 1DM 2□ F 7. Age (In yrs. lest birthday) **Funeral** 9. Birthplace (Stete or Foreign Country) 218-44-5120 Deys Aug Director Yrs. 4, 1945 Usuel Residence of Decedent the Maryland 10e. Stete 10b Count 10c. City, Town or Location r 28a-f show 10d. Inside City Limits Dal 1 Nes 2 No Director Wood awn 10e. Street end Numbe 10f. Zip Code 10g. Citizen of What Country? 0 8 filed within 72 hours after death with 1207 4-5 me 23a (0207 errace Funeral Нетв 12. Was Decedent Ever in U,S. Armed Forces? 1 (2 Yes 2 □ No if Yes, Give Year or Detes: 11. Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Reca - American Indian, Bieck, White, etc. The Medical Examiner 1 Never Merried Merried 6 1□Yes 2, No Slack ρ 3 Widowed 4 Divorced 'natural' Completed 15. Decedent's Education 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) rand Investigator Resources traumatic event, 17. Father's Neme (First, Middle, Lest) th and Mental H Be Pages 1 and 2 should be narloH toward tackett 0 lames 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) Dulto, 21133 Department of Health ar Important: If Item 27 is any injury or other trau Jueann toward - wife 3449 Till Circle 3 arriage 104 20a. Mathod of Disposition 20b. Plece of Disposition (Neme of gemetery, cremetory or other plece) Location - City or Town, State 1 Buriel 2 Cremetion 3 Removel from State rbutus 4 ☐ Donetion 5 ☐ Other (Specify) Mem 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility WES March 4300 wabast 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heer failure. List only one ceuse on each line. Approximete ervel Between **Physician** Onset end Deeth Immediate Cause (Final disease or condition resulting In death) /Medical ATHEROSCLEROTIC CARDIOVASCULAR DISEASE Examiner Due to (or es a consequence of): Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting In deeth) Lest Due to (or es e consequence of): attending ohysician 2 Physician/Medical 8 Due to (or es e consequence of): 碧 957 that the death Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 4 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings aveileble prior to completion of ceuse of death? Completed 24a. Was en eutopsy performed? The law certificate has Yes 1 XYes 2 No 2 No director, 25. Wes cese referred to medical exeminer? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home Seldence 6 Other (Specify) Hospitel: 10 Yes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ä 28c. injury et Work? 27. Manner of Deeth 28e. Dete of injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how Injury occurred After 5 Pending investigation Attending X Neturel after death. 1 Yes 2 No 2 Accident 9 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 - Homicide ours . 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, and due to the cause(s) end manner as stated.

**Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, date end place, and due to the cause(s) end menner stated. (Check only 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) O.C.M.E AUG. 6, 1996 30. Name and address of person and completed cause of death (Item 23e) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 Chute

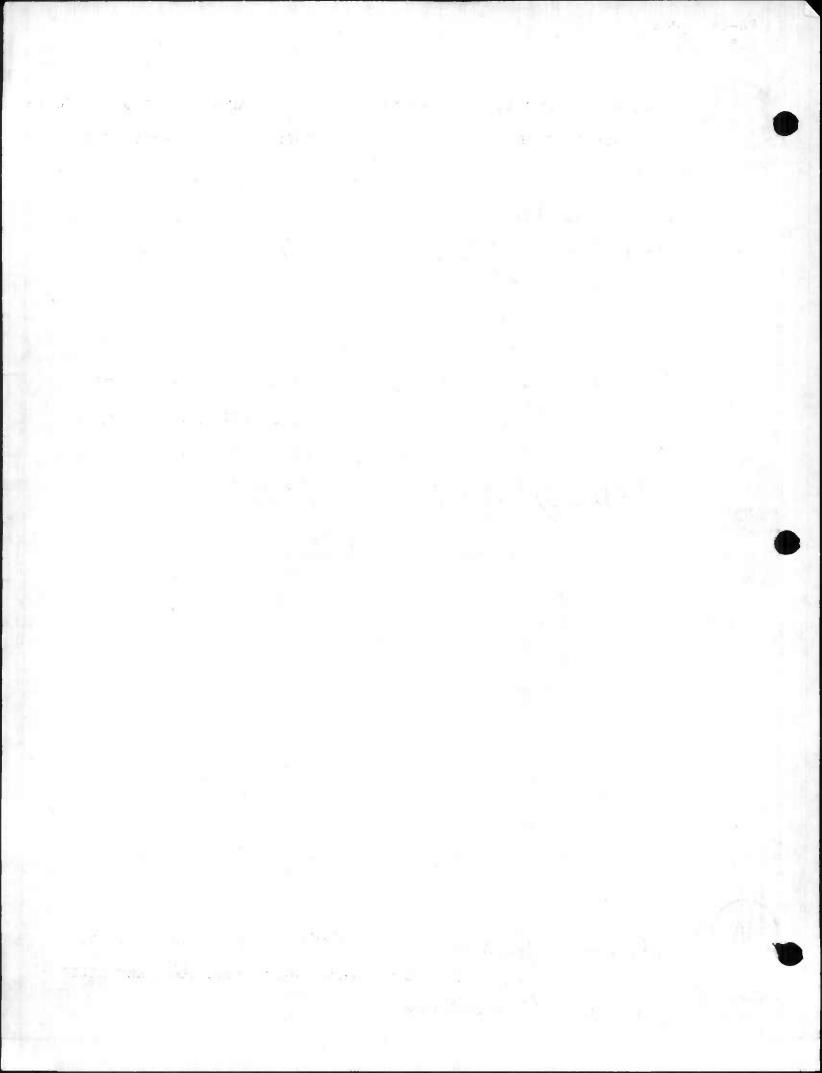
State Registrar 31. Dete filed (Month, Day, Year)

Dennis



Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760.



State	of	Maryland /	Department	of Health	and	Mental	Hygiene	0
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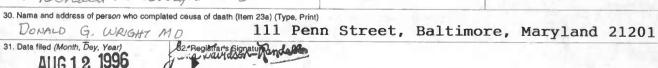
				State of Maryland /		nt of Health and <i>te of Death</i>	Mental Hygiene Reg. No.	6 23726
	Dhusia		1. Dacadant's Name (First, Middle, La	est)			2. Data of Death	3. Time of Death
	Physic /Medi		ELMER		HAV	VKINS	AUGUST 04,	1996 01:01 A
)	Exami		4a. Fecility Nama (If not institution, gir	re street end number)		4b. City, Town, o	or Location of Daath 4c. Coun	ty of Deeth
	Funeral Director		2124 EAST HO 5. Social Sacurity Number 6. Supplies the supplies of the supplies the	FFMAN STREET PART Aga (In yrs. last b	irthday) If Unde Months	BALTIM er 1 Year if Under 24 H Days Hours M	rs. 8. Data of Birth	A Bighplace (State or Foreign Gountry)
	filed within 72 hours aftar death with the Maryland Hygiena. ther than "natural", or items 23a or 28a-f show hrt, the Medical Examiner must be notified at	Funeral Director	10a. Stata 10b. County Mary and N 10e. Street and Number 1946 W. La	A Bayette Av	or Location 10f. Zi	10re p Coda 21217	10g. Citizan o	10d. Insida City Limits Yas 2□ No f What Country?
0000	72 hours aftar dea "natural", or items	by	11. Marital Stetus 1 Never Married 2 Marriad 3 Widowed 4 Divorced	12. Was Dacedant Evar in U.S. Armed Forces? 1 ☐ Yas 2 M No If Yas, Give/ Yeer or Datas:	13. Was Dace If Yas, spe	dant of Hispanic Origin? cify Cuban, Maxican, Pur 20 No Specify:	(Specify Yes or No- arto Ricen, atc.) 14. Ri BI	ace - Americen Indian, eck, Whita, atc.
215-0020	hin 72 h a. an "natu Medical	Completed	15. Dacedent's E (Specify only highest gra Elamantary/Secondary (0-12)	ducetion 16a ade completed) College (1-4or 5+)	. Decedant's Usu (Give kind of wi life. DO NQT u	ork done during most of w	rorking 16b. Kind of	Business/Industry
2	filed with Hygiena. rther than	Con	10	0000ga (1 401 54)	Lab	orer	C01	rstruction
Maryland	2 should be filed within and Mental Hygiena. Is merked other than raumetic event, the M	To Be	17. Fethar's Nama (First, Middle, Last	irris		18. Methar's N	ama (First, Middle, Malden Surna	uKins
	I and 2 should be filed within 72 ho Haalth and Mental Hygiena. Iom 27 Is marked other than "natur other traumetic event, the Medical		19a. Informent's Name/Ralationship (tarris 9	25 N.	Bentalou	Rural Route Number, City or Town	o. Md. 21216
Baltimore,	8 = 5		20a. Mathod of Disposition 1 Burlal 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specif	Ramoval from Stata	of Disposition (Na env, crematory or		8/10/96 Lans	Sdowne, Md.
Ball	permit. Pe Departmen Important: any injury once.		21. Signature of Funeral Service Lices	Li RUSS	22. Nama a 3050 P	nd Address of Facility	s Funeral H	ome Md. 2/2/6
	Physician		23a. Part. Enter the disassa, or com- shock, or heart favora. List only	plications that causad tha death. Do ona causa on each line.	not antar tha mo	da of dying, such as cerd	ac or respiratory arrest,	Approximata Intarval Batween Onsat end Daath
	/Medical Examiner		Immedieta Causa (Final disaase or condition resulting in death)	e. Multiple gus Dua to (or as a	consequence of	vorenda		
	p is	iner	_	h	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
, 0,	icate be axecuted physician and s tha burial-transit	i Examiner	Saquantially list conditions, if any, laading to immediata ceusa. Enter Undarlying Cause (Disaasa or injury	Due to (or as a	consequance of)			
κ 68760,		Medicai	that initieted avants rasulting in daath) Last	Dua to (or as a	consequenca of):			
Вох	daath certifi a attending ad for usa as	lan		d				
P.0	equires that the day	by Physician/M	Part II. Othar significant conditions o	ontributing to death but not rasulting	in tha undarlying o	causa givan in Part I.	23b. Did tobacco use c 1 ☐ Yee 2 ☒ No	ontribute to the cause of death? 3 Probably 4 Unknown
Records,	law require has been sig e 2 should t	Completed					24a. Was en eutopsy performad?	24b. Wara autopsy findings available prior to completion of ceuse of death?
E -							1 ☑ Yas 2 ☐ No	1 ⊠ Yas 2 □ No
#	D and	Be	25. Was casa rafarred to madicel axaminar?	Hospital:			eath (Check only one)	
on of	ading hy ith. TAfter tie	ation: To	1 Nes 2 No 27. Mannar of Daeth 1 Naturel 5 Panding 2 Accident invastigation	28e. Data of Injury (Month, Day Year) 28b.		OA Other: 4 Nursing 28c. Injury at Work? 1 Yas 2 No	Homa 5 Rasidance 6 200 28d. Dascribe how injury occu Sulyeut Short	SI HIVE
Division	after dea after dea I Director d in by th	ertification:	3 ☐ Sulcida 6 ☐ Could not be detarmined	28e. Piace of injury - At home, for building, etc. (Specify)	20			ber or Rural Route Number, 4 East Hoffman 3 Cleet

Medical Cert 29a. Cartifiar (Check only one) 29b. Signetura and title of certifier

State Registrar

31. Data filed (Month, Dey, Year) AUG 12 1996

Donald & Wright MD



1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.

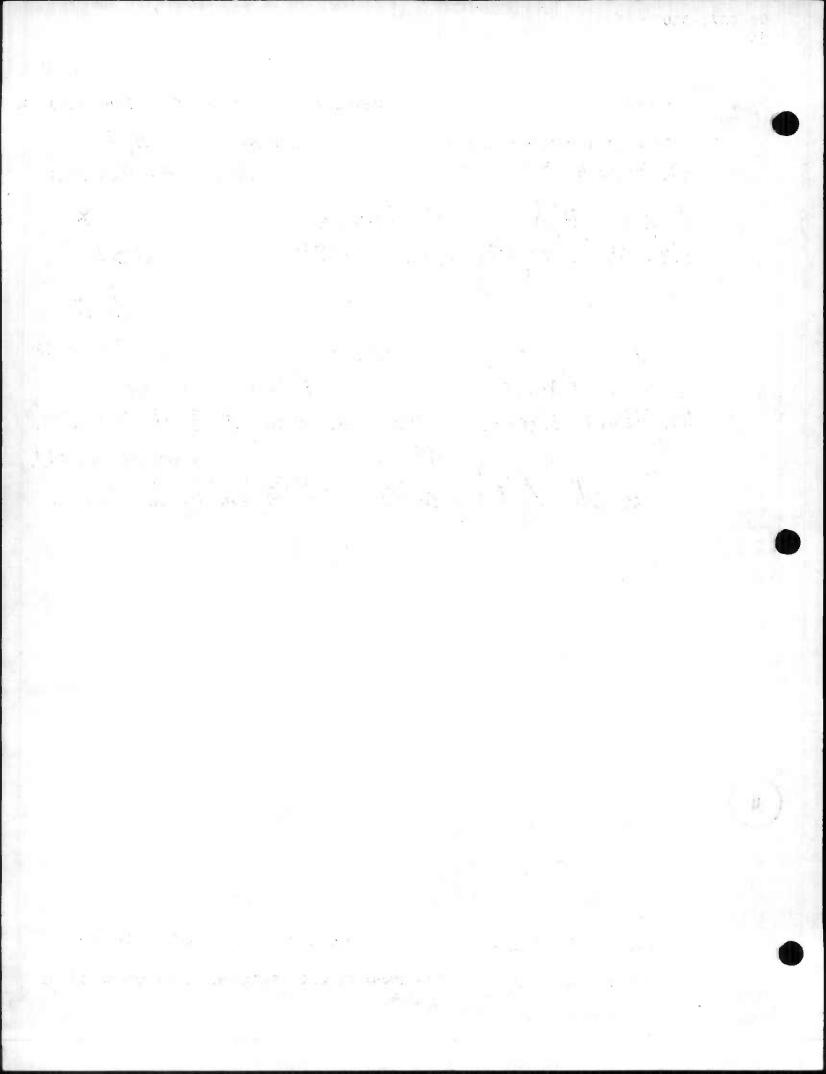
29c. License number

O.C.M.E.

Baltimore City MD

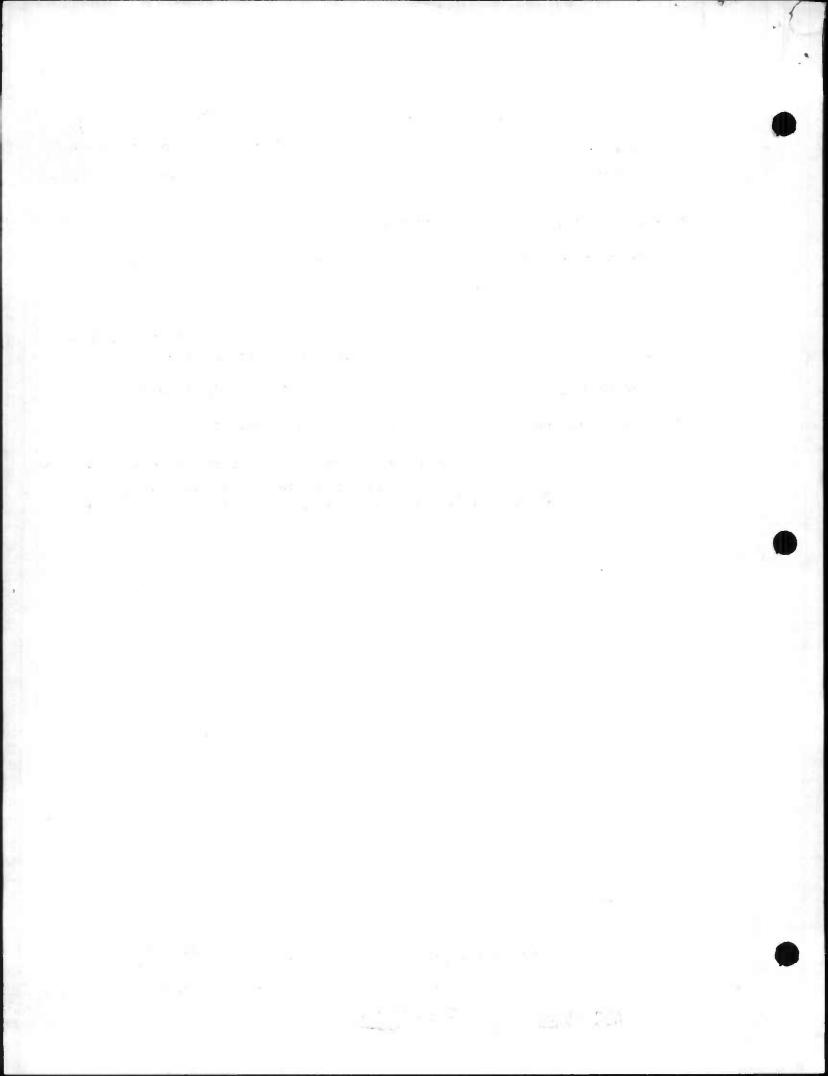
29d. Date signed (Month, Day, Year)

AUGUST 04, 1996



			TTFM#1 f:1-	~729 0/				rtment tificate			d Mental H	3	6 2	3727
			ITEM#1 film 1. Decedant's Nama (Fir	g/38_8/ rst, Middla, Last)	9/96ag pe	rFH					2. Data of D			3. Time of Death
	Physici /Medi		Fra	nle	110ga	n FF	RANK H	OGAN			A GL P4	st 6 19	94	3 = 30 pm
	Examir		4a. Facility Nama (If not								or Location of Dea	ith 4c. County	of Death	1-1
-	Funeral Director		5. Social Security Number 213-09-7019	6. Sax	405p) 704 7. Ag M 20 F	a (In yrs. Ia 84	st birthday) Yrs.	If Undar Months	1 Yaar Days	If Under 24	Vin. (Month, L			ca (Stata or Foreign y) ryland
	pue A.		Usual Residence of Deci	. County		10c. City,	Town or Loc	ation					10	d. Inside City Limits
	Mary Feet	to	Maryland	N/A		В	altimo	re						1 2 Yas 2 No
	h the	Directo	10e. Street and Number					10f. Zip	Coda			10g. Citizan of	What Countr	γ?
	th wil	alD	6442 Kr:	iel Stre	et			1	2120	7		Ţ	J.S.A.	
21215-0020	72 hours after death with the Maryland "natural", or ferma 23a or 28a-f show idical Examinet, must be notified at	by Funeral	11. Marital Status 1 Nevar Married 3 XWidowed 4 1	2 Married	2. Was Decedant Armed Forcas? 1 ☐ Yas 2 ☒ N If Yas, Giva Yaar or Datas:			/as Decede Yas, speci □ Yas 2		spanic Origin' n, Maxican, P Specify:	? (Specify Yas or Nuarto Rican, atc.)		ce - Amarican ck, Whita, at	n Indian,
5-0		eted	15. I	Decedant's Educ	ation completed)	T	18a. Decede	ant's Usual	l Occupa	ition	wadding	16b. Kind of B		
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an	ould be f Mentai I arked of atic eve	o Be	The Water Street	C Hogar	1						Nama (First, Middl nnie W.	Matthews		
Maryland	should and Men marke umatic	To	19a. Intormant's Name/F				19b. Mailing	Address	(Street a		r Rural Routa Num			Code)
	and 2 saith e n 27 le		Mrs. Helen	Putnam	(niec	e)					altimore		207	
ore	of He		20a. Mathod of Disposition		movel from State	20b. Pia	ce of Dispos natary, crem	ition (Nam atory or oti	e of har place	9)	Data	20c. Location	City or Tow	m, Stata
Baltimore,	Peges Iment of I tant: If he jury or or		4 □ Donation 5 □	Other (Specify)		Wo	odlawr	Ceme	eter	у	8/9/96	Woodla	awn ,	Maryland
Bal	permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if Item 27 Ie marked other than eny Injury or other traumatic event, the Mexica.		21. Signature of Funeral	Service License	n aen	Ker	Lo	ring	Bye		eral Dire d Randal			21133
			23a. Part1. Enter the dis shock, or heart tails	saasa, or compile ura. List only on	ations that caused a causa on each lin	tha daath.	Do not anta	r tha moda	of dylng	, such as car	diac or raspiratory	arrast,	1	Approximata Intarval Between
	Physician /Medical Examiner		Immediate Causa (Finai disease or condition resulting in death)	a.	sept.	Due to (or a	Sho has a consequ	uance of):						Onsat and Death
	bel ist	nlne		b.										
68760,	tificata be executed ig physician and es the burlal-transit	ai Examiner	Sequentially list condition if any, laading to immedicausa. Entar Undarlying Causa (Diseasa or injury	ns, iata		Dua to (or a	as a consequ	iance of):						
Box 687	eath certificata attending phys I for use es the	Medicai	that initiated events resulting in death) Last	d.		Oua to (or a	as a consequ	ence of):						
Ã.	death certif e attending id for use e	iciar	Part Ii. Other eignificant	conditions cont	ributing to death by	t not recult	ing in the un	darbilaa aa	uen chu	n In Bart I	22h Di	1 tobacco use so	ntelbute to 1	the cause of death?
s, P.O	requires that the death cert ween signed by the attendin hould be deteched for use	by Physician/M	B12dde	2 (9/	w death be	it not resum	eng in ma uni	uanying ca	iusa giva	min ran, i,		Yee 2 No	3 Probe	Later Control
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of Vital	Physician: this certific rai director,	: To	1 Yas 2 No	П	spital: Inpatia		R/Outpatlent		_	4 LI NUISII	ng Homa 5 Ra	sidanca 6 Oth		
o	ding th. After fune	tion		Panding investigation	(Month, Day	Year)	Injury	M	3c. Injury Work 1 □ 1	? ∕as 2 □ No	200. Describe	riow injury occur	100	
Division	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	Certification:		Could not be detarmined	28a. Place of Inju- building, ato	ry - At hom . (Specify)	ne, farm, stre	el, tactory,			28t. Location City or To	(Street and Numb own, Stata)	er or Rural i	Route Number,
	To the Hospital within 24 hours of the Funeral is completely filled	edical (29a. Cartifier 100 (Check only one)	Certifying Phyel Medical Examin	cian: To the best of er: On the basis of and mannar sta	examinatio	edge, death on and/or inve	occurred a astigation,	t tha tim in my op	a, data and pi	iace, and due to the occurred et the time	e cause(s) and me o, data and place,	annar as stat and dua to t	ted. ha cause(s)
	To the To the Comp	M	29b. Signature and titia o	t cartifiar			-	29c.	Licansa	number		29d. Data signe	d (Month, Dr	ay, Year)
	10		Mic		218:4			1	44	37	74	August 6	1996	> .
1	1		30. Nama and address of	parson who con	npiated causa of de	ath (Item 2	(Type, P	rint)			, 5.	401 000 0	T. RUS	90
	11. A	10	31. Data filed (Month, Da	v. Year)	32. Ragistra	rs Signatur	hus	RX	1	31/12	el. Ro	ndella	Town	. hd
1	Sta Registr		Alla			David	son-Asn	de 02	*	,				

DHMH 16 Rev 6/95



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Item31,Film738,8/12/96,1t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
į	1. DECEDENT'S NAME (First, Middle, Last) Herman George Janitzky, Sr. 2. DATE OF DEATH MONTH August 8, 1996 YEAR 4:55 PM M
	4. SOCIAL SECURITY NUMBER 217-03-4751 5. SEX 1
TOR	9a. FACILITY NAME (If not institution of the street and number) 7242 Riverstrive Road RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH Pundals EDGENERE Baltimore
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Dundalk EDGEMERE 1 Ves 2 XXNO
FUNERAL	100. STREET AND NUMBER RIVER DRIVE 7242 Riverdrive Road 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY? 21219 21222 United States
BY FUI	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No—It yes, specify Cuban, Mexican, Puerio Rican, etc.) 14. RACE — American Indian, Black, White, etc. 15. Wildowed 4 Divorced 16. YES, GIVE WAR OR DATES 17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No—It yes, specify Cuban, Mexican, Puerio Rican, etc.) 18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No—It yes, specify Cuban, Mexican, Puerio Rican, etc.)
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+)
MP	8 Years Produce Produce 17. FATHER'S NAME (First, Middle, Last)
ECC	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surname) August Janitzky Anna Crais
00	19a. INFORMANT'S NAME (Type/Print) SON 19b. MAILING ADDRESS (Size) and Dispose or Rural Route Nursing Control State, Zip Code) 21219
2	Mr. Herman G. Janitzky, Jr. 7242 Riverdrive Road Dundalk, Maryland 21222
	20e, METHOD OF DISPOSITION Commetted
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 21222
Z	23. PART I. Inter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUINCE OF): Approximats interval Between Onset and Death Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (ON AS A CONSEQUENCE OF): UNDERTO (OR AS A CONSEQUENCE OF): (A CONSEQUENCE
DICAL (PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 160 275. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	1 YES 2 NO
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? CONTROL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
1YS	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Investigation
ВУ РНУ	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation (Month, Day, Year) I NJURY TyES 2 NO
ETED	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. C. C. C. C. C. C. C. C. C. C. C. C. C.
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Nercy Medical Ctr. Baltimore, Maryland 31. DATE FILED (Month Day, Year) 32. REGISTRAR'S SIGNATURE AUG 12 1996 Julia Swiden Ponder
	31. DATE FILED (Month Day, 1601) 32. REGISTRAR'S SIGNATURE AUG 12 1996 Julia Savidson Rondelle

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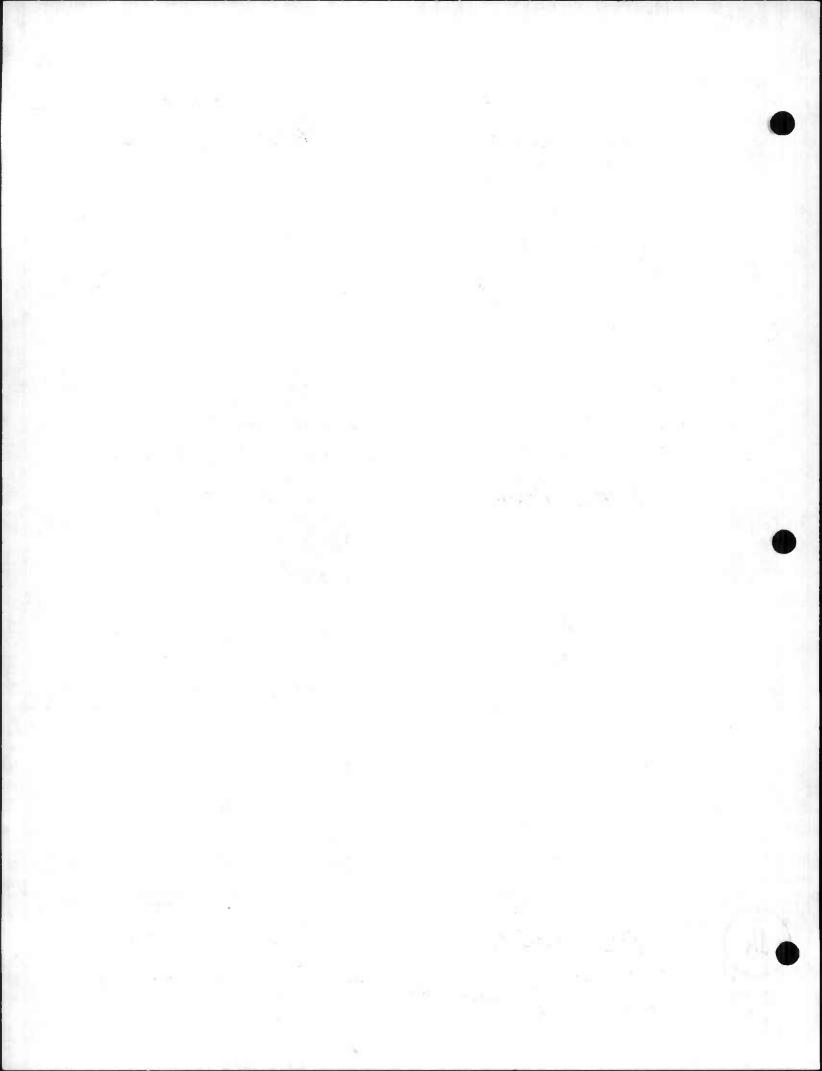
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** DeNUIS /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Dwath 4c. County of Deeth **Examiner** INNAMA WA If Under 24 Hrs. 8. Date of Birth Hours Min. Month, Pay, 5. Social Security Number 7. Age (In yrs, last birthday). 6. Sex 9. Birthplace (State or Foreign **Funeral** Months Days 215-70-0950 10 M 20 F Director Usual Residence of Decedent 10a. State 10c. City, Town or Location 28a-f ahow 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at Yes 2□ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? items 23a or 21229 Inna Funeral 12. Was Decedent Ever In U,S. Armed Forces?
1 ☐ Yes 20 No
If Yes, Give Year or Dates: 11. Maritel Stetus Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian Black, White, etc. Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene. Never Merried 2 Married 8 Baltimore, Maryland 21215-0020 1□ Yes 2XNo Specify: ac à 3 ☐ Widowed 4 ☐ Divorced natural, Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 5.8.D. erer is marked other 17-Kather's Name (First, Middle, Last) 18 Mother's Name (First, Middle, Maiden Surname) Be Je nomas 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jeff permit. Pages 1 and 2 Department of Health a Important: If item 27 Is any Injury or other trai erson - mother 760 Balto, Innard 20a. Method of Disposition
1 □ Buriai 2 □ Cremation 3 □ Removal from State 20b. Place of Disposition (Name of Date 20c. Location - City or Town, Stete 8/6 gemetery, crematory or other play Randallstown, 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funetal Service Licensee 22 Name end Address of Facility and 4300 tua bus 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical L year Examiner Due to (or as a consequence of): Physiclan/Medical Examiner The law requires that the death certificate be executed use es the buriel-transfe Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initioled events resulting in death) Lest Due to (or as a consequence of). P.O. Box 68760. Due to (or as a consequence of): for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 3 Probably 4 Unknown 1 ☐ Yee 2 ☐ No signed t Records, à Completed 24b. Were autopsy findings evailable prior to completion of cause of death? director, page 2 should 24a. Was an autopsy performed? this certificate has been 2 X No Division of Vital or Attending Physician: Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home ,5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Certification: To 27. Manner of Death . Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred After t 5 Pending investigation 1 Netural A hours efter death. 1 Yes 2 No the 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homlcide Hospital Cartifying Phyalcian: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) and menner stated. Medical (Check only one) 100 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 20 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) COCHIAN. 146 MD Max Dovidon Rang 31. Date filed (Month, Day Year) State AUG 12

DHMH 16 Rev 6/95

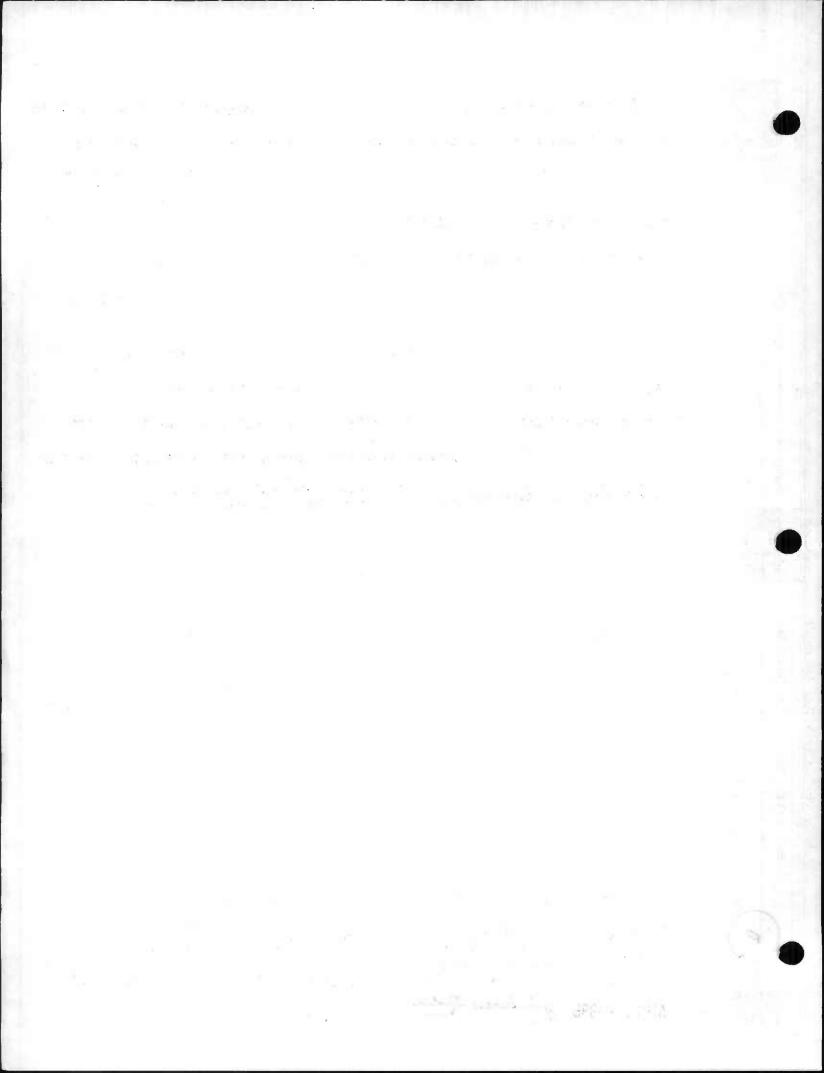
Registrar



State of Maryland / Department of Health and Mental Hygiene

23730

					Cei	rtificate	of De	eath	,	Reg. No.	20	2010
Dhusi	aiam	Decedent's Neme (First, Mid							2. Date of De		Vana	3. Time of Death
Physi /Med		Oliver Co	ourtney Joi	nes					Month August	Day	1996	2:00 pm
Exam		4a. Facility Name (If not instituti	on, give street and number)			4b. C	city, Town, or Lo			ounty of Deeth	
		Bel Forest	Nursing &	Rehab.	Ce	nter		Forest	t Hill		Hari	ford
Funera Directo		5. Social Security Number 216-09-4121	6. Sex 7. A	ge (In yrs. last L 79		If Under 1		Under 24 Hrs. lours Min.		h v. Year)	9. Birih	place (State or Foreintry)
and w		Usual Residence of Decedent 10a. State 10b. Count	ty	10c. City, To	wn or Lo	cation					T	10d. Inside City Limi
DALLIMOTE, INISTYIANG 21213-UUZU permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28a-f show any hijury or other traumatic event, the Magical Exercited must be not lead an	Director	Maryland Balt	imore		niur	n						1□Yes 2□N
Mith De p		Toe, Street and Number				10f. Zip C	ode			10g. Cltize	on of What Cou	ntry?
s 23	Funeral	201 Burni					093			U	. S.A.	
er de item	S	11. Marital Status	12. Was Decedent	?	13. \	Nas Deceder f Yes, specify	nt of Hisper y Cuben, M	nic Origin? (Spe lexicen, Puerto	ecify Yes or No- Ricen, etc.)	14	Black, White,	
ZIZIS-UUZU d within 72 hours eft giene. rr than "netural", or i	by	1 Never Merried 2 Ma 3 Widowed 4 Divorce		No		I□Yes 25						ite
72 h	Completed		ent's Educetion est grade completed)	16	a. Deced	ient's Usual (Occupation	g most of work	ina	16b. Kind	of Business/In	ndustry
within ene.	pjdu	Elementary/Secondary (0-12)		5+)	life. L	OO NOT use	retired)	y most or worki	ng .			
filed w Hygier offher th	So		2		Eng	gineer				Mart.	in Mari	etta Corp
New Jersey	Be	17. Fether's Name (First, Middle	e, Last)				18.	Mother's Name	First, Middle,	Maiden S	umeme)	
Maryland id 2 should be file th end Mental Hy 7 is marked oth reaumatic event	10	Austin C.	Jones					Ruth	Chapmar	Jone	es	
sho bud h		19e. Informent's Name/Reletion	ship (Type, Print)	19	b. Mailin	g Address (S	Street and	Number or Rure	-			o Code)
and 2 saith e		Ronald G. Jone	es (Son)	2	920	Craigs	ston	Lane, A	bingdor	. Ma	rvland	21009
ST TE TE		20a. Method of Disposition		20b. Place	of Dispos	sition (Name	of		Date		tion - City or Te	
Peges nent of H int: If its		1 ☐ Burlal 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (3 ☐ Removal from State Specify)				, ,	Garde	8-13-0	6 Tir	nonium	Maryland
Daltimore, bemit. Peges 1 an Depertment of Heal mportant: If Item 2 iny injury or other		21 Signature of Funeral Service	Licensee			. Name and			0 13 6	0 111	noniani,	Marytand
Dall Demit. Depentr Imports any inju		→ Wallace	C D	2.0				Funeral	Home.	Tnc		
_	-				10)50 You	rk_Ro	ad, Tow	son. Mo	. 21:	204	
		23e. Pert1. Enter the disease, of shock, or heart failure. Lis	or complications thet cause of only one cause on eech l	d the deeth. Do ine.	not ente	er the mode of	of dying, su	ich as cardiec o	or respiretory er	rest,		Approximete Interval Between
Physician											1	Onset and Death
/ /Medical Examiner	_	Immediate Cause (Final disease or condition		Possik/A	/	Assid	tion	PHUN	mi q			days
LAGIIIIICI	1,2	resulting in death)	۵.	Due to (or as e			4.1					
ש פ	ine.											
BOX 001 00, eath certificate be executed attending physician and ifor use as the bunial-transit	Examiner	Sequentially list conditions,	D	Due to (or as a	a consequence of):							
lan a		Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying)		5 d 55/155426/155 5/7.							
ficate be an physician is the burie	edicai	Cause (Disease or Injury thet Initiated events resulting in death) Last	C	Due to (or as a	consequ	uence of):						
as the	Med	resulting in death) Last		,		,						
no h			d									
death death	Physician	Part II. Other significant conditi	ane contribution to death h	out not reculting	in the un	dorbiles sou	an airea la	Doubl	Oah Did A	-h		
at the de	hys				ar are un	idenying ceds	se diveri ili	Part I.		1		o the cause of deati
that	by P	Diahe	tes mellit)					101	/es 2 2	No 3 Pro	bably 4 Unknow
The Colors, F.O. DOS The law requires that the death or the has been signed by the attend page 2 should be detached for us.			1						24e. Was	an autoney	24h W	ere autopsy findings
S pe leg	Completed		reprovade	in acci	our	T			perfor		ev	ailable prior to
has pe 2	d E									1		deeth?
	ပိ		weight lo	55					1 🗆 Y	es 200	No 1[☐Yes 2☐No
Attending Physician: r death. ector: After this certific by the funeral director,	Be	25. Wes cese referred to medice examiner?					26.	Place of Death	(Check only or	ne)		
hysic lis c	2	1 ☐ Yes 2 No	Hospitel: 1 Inpation	ent 2 ER/O	utpatient	3□ DOA	Other: 3	Nursing Hor	ne 5 🗆 Resid	ence 6[Other (Specif	(y)
ding Pi	Ë	27. Menner of Deeth 1 Natural 5 □ Pendi	28a. Date of Inju	y Year) 28b.	Time of Injury	28c.	. Injury at Work?	2	28d. Describe h	ow Injury o	occurred	
ath.	atio		igation		,,	M	1 ☐ Yes	2 No				
Att de cho	E I	3 Suicide 6 Could 4 Homicide determ	nined 266. Place of In	ury - At home, f	arm, stre	et, factory, o	ffice	2	28f. Location (S	treet and I	Vumber or Rure	al Route Number,
S S S S S S S S S S S S S S S S S S S	Certification:	4 Extramolec	building, et	c. (Specity)					City or Tow	n, State)		
Hospital 4 hours Funeral tely filled	edical (29a. Certifler Certifyli (Check only one) 2 Medical	ng Physician: To the best Examiner: On the basis o end manner st	t examination ei	e, deeth nd/or inve	occurred et t estigation, in	the time, de my opinior	ete end piece, a n, deeth occurre	and due to the d ad at the time, d	euse(s) er lete and pl	nd menner es s ace, and due to	tated. the ceuse(s)
10000	Me	29b. Signature end title of certific		,	_	29c. L	icense nun	nber	2	9d. Date s	signed (Month,	Dav. Year)
(100)			c. ///	1111	w	0	127	275				7,
			4/			1/	01	117			0/98	
6		30. Name and address of person	who completed cause of d		(Type, F	rint)	cha	11 rd	Bel	Ain	, podo	21014
St	ate	31. Date filed (Month, Day, Year	4 Alegistr	ar's Spalue	2							
Regist	rar	AUG 1 2 1996				•						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incur after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior termation, or removal.

IMPORTANT: If ham 28 is marked on item 23 shows any injury, or other traumatic event the medical examiner must be metitled at energy.

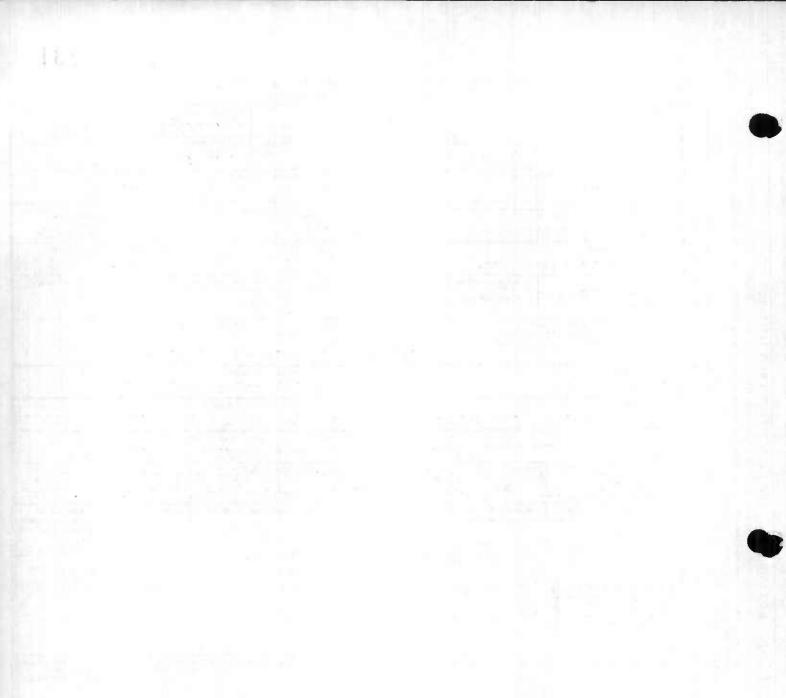
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

1. DECEDENT'S NAME (First, Middle, Last) Joseph J.											
Joseph J.		TA	1/00	1.	2. DATE OF DEATH	DAY Y	3. TIME OF DEATH				
		EIT	NOC	-HA	08/07/1	996	11:15P				
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)				
216-32-9559	1 🖾 M 2 🗆 F	90 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 01/16/1	906	LA.				
9a. FACILITY NAME (If not institution, give str	eet and number)		96. CITY, TOWN	OR LOCATION OF D		Bc. COUNTY					
Manor Care Ruxt	on		Ruxt			Balt	imore				
RESIDENCE OF DECEDENT						1					
Manor Care Ruxt RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD. Balt		10c. Cl	TY, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?				
MD. Balt	imore	Ca	tonsvi	lle			1 YES 2 NO				
			11	Dr. ZIP CODE		10a. CITIZEI	OF WHAT COUNTRY?				
100. STREET AND NUMBER 2003 Westcheste	r Ave.			21228			S.A.				
11, MARITAL STATUS	12. WAS DECEDENT EVE	ED IN II S ADMEN	12 WM C DE		INIC ORIGIN? (Specify Y						
1 Never Married 2XXMarried 3 Widowed 4 Divorced	FORCES? 1 7	ES 2 NO	If yes, a	14	RACE — American Indian, Black, White, atc. Specify: White						
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S	S USUAL OCCUPAT	IDN lost of working	16b. KIND OF BI	JSINESS/INDUS	TRY				
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) Printer Self Employed Printing											
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Malde	n Surname)					
Peter Janocha				Aleksa	ndra Szu	lkows	ka				
		19b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip Co	de)				
Theresa Kohlway	/Daught						le, MD.212				
20a_METHOD OF DISPOSITION 4 Surial 2 Cremation 3 Remo		20b. PLACE AND DATE					or Town, Sieta				
A Donation 6 Other (Specify)	val from State	Holy Ros			8/12 Du						
21. SIGNATURE OF TUNERAL SERVICE LICE		1011					•				
1 8 1	//	4	Ster	ling As	hton Fun	eral	Home, Inc.				
Kdun H.	Type		736	Edmonds	on Ave.	Balto	., MD.2122				
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE (DF):								
that initiated events resulting in death) LAST	DUE TO (DR /	AS A CONSEDUENCE (OF):								
	contributing to deet	th but not resulting	in the underfyl	ng cause given in	Part I. 24s. WAS A	N ALITOPSY	24b. WERE AUTOPSY FINDING				
						PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
OF WHO CASE DEFENDED TO MENTER TO											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		QTHER:	PLACE OF DEATH (C	heck only one)						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/		4 Nursing Ho		6 Other (Specify)						
1 Maratoran o Peniging	(Month, Day, Ye.	RY 26b. Til	JURY W	JURY AT YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED				
2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINES	28s. PLACE OF INJ building, atc. (URY — At home, farm, Specify)	street, factory, off	ice	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,				
[4]	IAN: To the best of my k						ause(a) and manner as stated				
29b. SIGNATURE AND TITLE OF CERTIFIER	1					-					
	Iladiani	n		29c. LICENSE NU	170110	29d, DATE S	IGNED (Month, Day, Year)				
1111/22							001				
11/100	roce in				2047	0	-8-96				
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ)	o, Print) 0 05	LER	Dr. 701	USON	-8-96 Ma 212				



State of Maryland / Department of Health and Mental Hygiene 96

23732

					Cei	uncate o	n Dean	1		Reg. No.		
Physi /Med		Decedent's Neme (First, Mid EDWIN JAMES	dle, Last)					ī1	2. Dete of D Month AUGUS	Dev	Year 96	3. Time of Death 11:45 A.1
Exam	iner	4e. Fecility Neme (If not institution V.A. MEDICAL		number)				Own, or Lo	acation of Dea	th 4c. County BALT		
Funera Directo		5. Sociel Security Number 248 – 34 – 0257	6. Sex		: last birthdey) Yrs.	If Under 1 You Months De		Min.	8. Dete of B	irth Dey, Year) 12,1927	9. Birthp Cour	place (Stete or Foreigntry)
brow desi		Usuel Residence of Decedent 10e. Stete 10b. Coun MD n	ty /a	10c. C	ity, Town or Lo	cation					1	Od. inside City Limits
h the Marylen r 28a-f ehow	ecto	10e. Street and Number	/ α		Dalu	10f. Zip Cod				10g. Citizen of	Mhat Cour	1 Critis 2 No
th with 23a or	ral Di	4307	Adelle	e Terra	ce		229				Usa	wyr
ter dea	by Funeral Director	11. Meritel Stetus 1 □ Never Merried 2 □ Me ③□Widowed 4 □ Divorce	Armed	ecedent Ever in U Forces? is 2 No Give r Detes: WW		Wes Decedent If Yes, specify C			ecify Yes or N Rican, etc.)		14. Rece - American Indian, Bleck, White, etc. Specify: Black	
21215-0020 d within 72 hours at piene. Ir than *natural, or Ire Prodesil Exem	Completed	15. Decede (Specify only high	ent's Education lest grade complete	nd)	16a. Dece (Give	dent's Usuel Oc kind of work do DO NOT use re	cupetion ne during mo	st of worki	ing	16b. Kind of B		
CV TO TO THE	Somp	Elementery/Secondery (0-12)	College	e (1-4or 5+)		t 1st				Army		
re, Maryland 2 s 1 and 2 should be filed f Heelth and Mental Hygin from 27 is marked other other treumstic event, II	Be	17. Fether's Neme (First, Middle					18. Moti		A STATION	e, Meiden Sumen	10)	
Aarylar 2 should be and Menta is marked	2	Orange James 19e. Informent's Neme/Reletion			19b. Mellir	ng Address (Str	Marie Jamieson (Street end Number or Rural Route Number, City or Town, State, Zi					Code)
Fe, Mg		Louise Valem		ster						0., MD	21	217
0 00 = -		20e. Method of Disposition XIZ Buriei 2 ☐ Cremetton		206.	Plece of Dispo	sition (Name of netory or other			Dete	20c. Location	City or To	own, Stata
E a e tr		4 Donetion 5 Other ((Specify)			n Fore	-		8/15	Owing	s Mi	11s, MD
Balt Permit. Departr imports eny loji		21. Signature of Funerel Service	a Licensee	Martie	J		. Mor	ton		s Fune		Home
		23a. Part1. Enter the disease, of heart failure. List	or complications the st only one cause o	et calised the dee n eech line.	oth. Do not ent	er the mode of	dying, such e	s cardiec o	or respiretory	errest,		Approximete Intervel Between Onset and Deeth
Physician /Medica		Immediate Cause (Finel disease or condition	M	ULTIPLE	MYELOM	Α						4 MONTHS
Examine		resulting in deeth)	θ		or es e consec							TIONED
uted d	Examiner	Convention that are statemen	b	Due to /	or es a consec	, , , , , , , , , , , , , , , , , , ,					1	
50, e axec slan en		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	J	500101	01 00 8 0011000	justice oi).						
OX 68760, certificate be axecuted anding physician and use as the burial-transit	n/Medical	thet initieted events resulting in deeth) Last	d	Due to (or es e conseq	uence of):						
O. B.	Physicia	Pert li. Other significant condit	lons contributing to	death but not re	suiting in the u	nderlying cause	given in Pert	ı I.	23b. Dic	d tobacco usa co	ntributs to	o the cause of death
D d by	by Phy	CACHEXIA							10	Yes 2 No	3 Pro	bably 4 Unknow
as b	Completed	ANEMIA							24a. Wa	s an eutopsy formed?	av	ere autopsy findings allable prior to impletion of cause deeth?
f Vital Rysician: The Is certificate had director, page		Or Western day at the section of the	-1							Yes 2 No	1[Yes 2□ No
of Vita Physician: this certific	To Be	25. Was case referred to medic examiner? 1 Yes 2 No		XInpatient 2	TER/Outpatier	t 3 DOA	Other:		n <i>(Check only</i> me 5 □ Res	one)	er (Specif	(v)
On o ding Ph h. After th funeral		27. Manner of Deeth	26a. De	te of Injury onth, Day Year)	28b. Time of Injury	28c. t	njury at Work?			how injury occur		,,,
al Directo	Certification:	3 ☐ Sulcide 6 ☐ Could deter	mined 288 Pla	ace of Injury - At I ilding, etc. (Speci	nome, ferm, str	eet, fectory, offi	сө			(Street end Numb own, Stete)	er or Rure	al Route Number,
2000	edical (29a. Certifler (Check only one) 1 Certify 2 Medica	ing Physician: To the Examiner: On the end m	the best of my kno besis of examina enner steted.	owledge, death etion end/or Inv	occurred et the restigetion, in m	time, dete e y opinion, de	nd plece, eeth occurr	end due to the ed et the time	e cause(s) and ma o, dete and pleca,	anner as s and due to	teted. o the cause(s)
To the Ho within 24 To the Fu completel	Me	29b. Signeture end title of certiff	ler Was	~//			ense number			29d. Dete signe		
101		PO Normanda de la companya del companya del companya de la company	200				305	28		Aug 11	en 1º	196.
XXI		30. Name and address of person BALA S. DUGGI					COAD, I	ORT I	HOWARD			

DHMH 16 Rev 6/95

Registrar

AUG 12 1996

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Data of Deeth

Physician
/Medical
Examiner

GEORGE G. 4e. Fecility Nama (If not institution, giva streat and number)
2600 BLK. GATEHOUSE DRIVE

6. Sex

1. Decedant's Nama (First, Middla, Last)

AUG. 4b. City, Town, or Location of Death BALTIMORE

Month

2330 PM 1996

Funeral Director

show

r than "natural", or items 23a or 28a-f short that Medical Examiner must be notified at

Director

þ

Completed

Be

the Maryland

with

tiled within 72 hours after

I Hygiene.

Pages 1 and 2 should be tiled w timent of Health and Mental Hygien tant: if item 27 is marked other ti hiury or other traumatic event, til

permit. Page Depertment of Important: If any Injury or

Physician /Medical

Examiner

and

physician

the

use as attending |

signed by t

peen

certificate has

after

To the Hospital of within 24 hours at To the Funeral D completely fined

page 2 should

Physician/Medical

þ

Completed

Be

2

Certification:

Medical

The law requires that the death certificate be executed

Box 68760.

P.O.

Records,

Vital cian:

21215-0020

altimore, Maryland

074-56-6174 Usual Rasidance of Decedant 10b. County

7. Aga (In yrs. last birthday) XXM 2□ F Yrs. 24

If Under 1 Yaar If Undar 24 Hrs. Hours

8. Data of Birth (Month, Day, Year) 9. Birthplace (Stata or ro Country) AUG. 20,1971 New York Birthplace (Stata or Foraign Country)

4c. County of Death

10e. Stata

5. Social Sacurity Number

10c. City, Town or Location Bronx

Days

Dev

10d. Inside City Limits 1 Yas 2 No

New York Kings 10e. Street and Numbar

JOHNSON

10f. Zip Coda 11221 U.S.A

10g. Citizan of What Country?

1248 DeKalb Avenue 1st Floor

15 Navar Married 2 Married 3 Widowed 4 Divorced

12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas 2 1 No If Yes, Giva Yaar or Dates;

 Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, atc.) 1 ☐ Yas 2 ☐ No Specify

14. Rece - Amaricen Indien, Black, White, etc. **Black** Specify:

15. Decedant's Education (Spacify only highast grade complated)

Collaga (1-4or 5+)

16a. Dacedant's Usuai Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired)

16b. Kind of Businass/Industry

Elamantary/Sacondary (0-12) 12 17. Father's Nema (First, Middla, Last)

Beeper Salesman 18. Mothar's Nama (First, Middla, Maidan Sumama)

Self-Employed

George McNeil

19a. Informent's Neme/Raiationship (Type, Print)

Mary Johnson 19b. Mailing Addrass (Straat end Number or Rural Routa Number, City or Town, Stata, Zip Code)

Mary Sargeant

20b. Piaca of Disposition (Nama of camatery, cramatory or other place)

1248 DeKalb Ave 1st Fl. Bronx, N.Y. 11221 20c. Location - City or Town, Stata

20a. Mathod of Disposition

1 Burial 2 □ Cramation 3 □ Ramovai from Stata 4 ☐ Donetign 5 ☐ Othar (Specify)

Rosehill Cemetery

)08-10-96 Lindon, New Jersey

21. Signature of Funeral Service Licen

o, or complications that crusad the death. Do not anter tha mode of dylng, such as cardiac or respiratory arrest, List only one cause on each line.

22. Name and Addrass of Facility Leroy O. Dyett& Son Funeral Home P.A. 4600 Liberty Heights Avenue 21207

tmmadiata Cause (Final disaase or condition rasulting in death)

a MULTIPLE GUNSHOT WOUNDS

Dua to (or as a consaquence of):

Sequantially list conditions, if any, leeding to immediata ceuse. Entar Undarlying Causa (Disaase or injury that initiated avents rasulting in daath) Last

Dua to (or as a consequence of):

Dua to (or es e consequance of)

Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco usa contribute to the cause of death?

1 Yes XXNo 3 Probably 4 Unknown

24a. Was en autopsy performed?

24b. Wara autopsy findings avellable prior to complation of ceuse of daath?

Interval Batweer Onsat end Daath

1XXas 2□No

XX Yas 2□ No

25. Was casa rafarrad to medical XXVas 2□ No

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28a. Data of Injury (Month, Day Year) 28b. Tima of 2324P 8-4-96

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Rasidance 6 Nother (Specify) SCENE 28d. Dascribe how Injury occurred

SUBJECT SHOT

28a. Place of Injury - At homa, farm, straet, fectory, offica building, etc. (Specify)

28f. Location (Street end Number or Rural Routa Number, City or Town, Steta)

29e. Certifian (Check only onel

27. Mannar of Death

1 Neturei

2 Accident

3 Suicide

XIXHomicide

29b. Signature and title of certifier

29c. Licensa number O.C.M.E 29d. Dete signed (Month, Day, Year) AUG. 5, 1996

30. Nema and address of person who complated ceuse of death (Itam 23a) (Type, Print)

Margarita Korell M.D.

5 Pending invastigation

6 Could not be

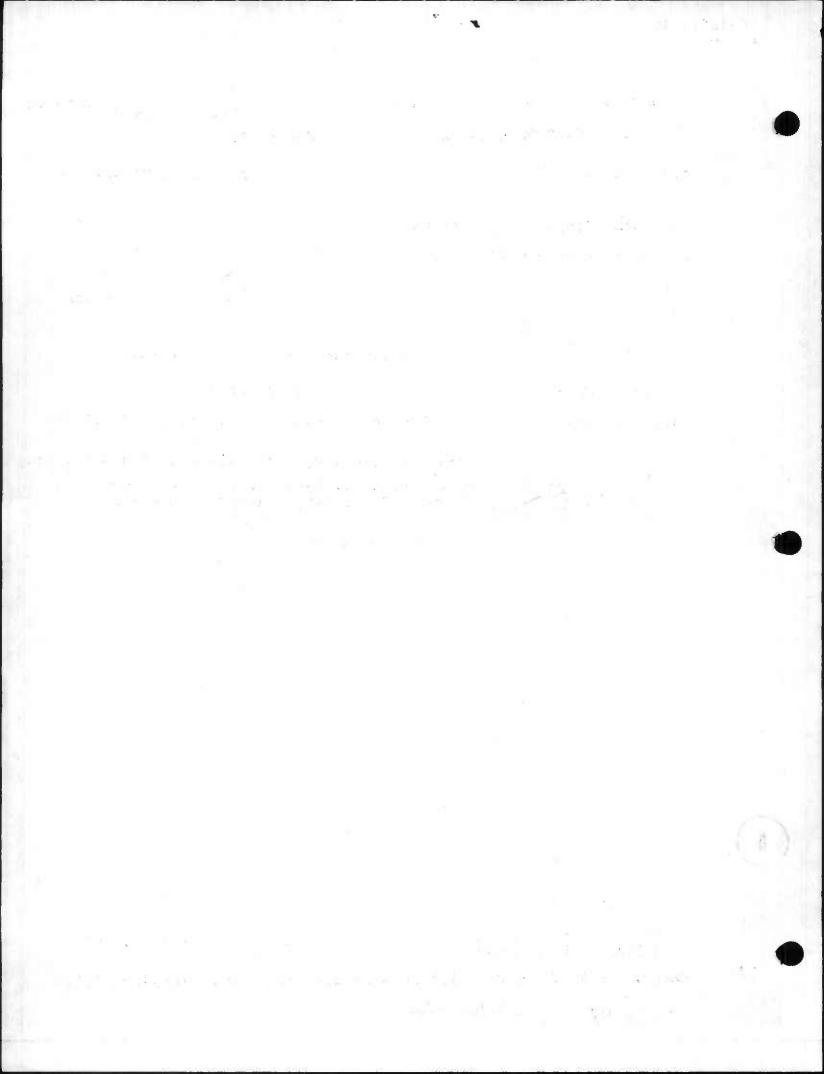
111 Penn Street, Baltimore, Maryland 21201

26. Placa of Daath (Check only ona)

State Registrar

31. Data filed (Month, Day, Yaer)





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Jeath.	funeral
after (by the
1 hours	lled in
O.	No.
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death	a affe
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that	M Pa
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W. F	ad a
he	ha
PITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page	EBAL DISCORDS After the certificate has been signed by the attending physician and completely filled in by the funeral direc-
PHY	thie
DING	After
ATTEN	SCIDE.
8	DID
PITAL	PRAI

1 -	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			ENTAL HYGIENI REG. NO.	E	
1.1	DECEDENT'S NAME (First, Middle, Lest) MARIE KITZIG				1	DATE OF DEATH MONTH August 9,	* 1996 YEAR	3. TIME OF DEATN 4:22 a
4.	SOCIAL SECURITY NUMBER 214-22-2012	5. SEX 6. AGE (In	Me.	F UNDER t YEAR ONTHS DAYS	IF UNDER 24 HRS. 7	April 9,1	8. Bill Co	RTHPLACE (State or Foreign unity)
e o	. FACILITY NAME (If not institution, give str RIVERVIEW NURSING			ESSEX	PR LOCATION OF DEAT	N	ec. COUNTY OF	timore
DIRE W	a. STATE 106. COUNTY	Itimore		TOWN OR LOCAT				tod. INSIDE CITY LIMITS? t YES 2 NO
AEB.	e. STREET AND NUMBER 1219 Dalton Road MARITAL STATUS	12. WAS DECEDENT EVER IN	II S ADMED		21234	OBIGNIZ Consider Ven	Balt	timore
₹ 3 C	t Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES It yes, specify Cuben, it YES 2 NO IF YES, GIVE WAR OR DATES			ecify Cuben, Maxican,	IPANIC ORIGIN? (Specify Yea or No- xican, Puarto Rican, etc.) ecify: t4. RACE — American Ind Bleck, Whita, atc. Specify: White			
PLETED	ts. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-t2)	ATION completed) College (t-4 or 5+)	t6m. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo retired.)	ON st of working	16b. KIND OF BUS		
Ö	FATHER'S NAME (First, Middle, Lest) Paul Kitzia		OTE/ TO	General Office W 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lillian Parker			ice work	
0 6	a. INFORMANT'S NAME (Type/Print) Rernie J. Rudolph	/ Nephew	Same a		nd Number or Rural Roo		n, State, Zip Code)	
4 1	a. METNOD OF DISPOSITION Burlel 2 Cremetion 3 Ramo Donation 5 Other (Specify)	val from State ceme	PLACE AND DATE OF Stery, crematory or othe EW Cathed	rel Cen	netery 8/	10/96 Bal	timore	, Maryland
	Kneld C. Sh.	dwh-		Leona 5305	ard J. Ruc Harford R	k Funeral	nore . N	Maryland 212
il il il il il il il il il il il il il i	3. PART I. Enter the disease, or shock, or heert fellure. I	let only one ceuse on ee	ch line.					Approximata interval Batwe Onset and Das
RTIFICATI	disease or condition resulting in death) Due to (or as a consequence of): Alactic Caudio Vascular disease Due to (or as a consequence of): Alactic Caudio Vascular disease Due to (or as a consequence of): Due to (or as a consequence of): Hyputus Due to (or as a consequence of): The putus Due to (or as a consequence of): Due to (or as a consequence of): The putus Due to (or as a consequence of): d.							
MEDICAL	ART II. Other significent conditions (C) masticke Hx of AAA	my - me	asy y	ears	go.	PERFOR	MED?	24b. WERE AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO
2 Z L	DID TOBACCO USE CONTR		26. PLACE OF DEATH		UNCERTAIN	X		
AHd 27.	t YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify) 27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Day, Year) 28s. TIME OF INJURY AT WORK? WORK? 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify) 28c. INJURY AT WORK? 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify)							
	2 Accident Investigation 3 Suicide 8 Could not be datermined 28a. PLACE OF INJURY — At home, tarm, street, factory, office City or Town, State) 28a. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, tarm, street, factory, office City or Town, State)						ral Route Number,	
OMPLET	29a. CERTIFIER (Check only one) 2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							
8 6		raders			29c. LICENSE NUMB	0 8 2	≥ 8/	NEO (Morith, Day, Year)
	NAME AND ADDRESS OF PERSON WHO DR. NEETA DATE FILED MONEY 120	DESHPANDE.	FRANKLIN		HOSPITAL			

State of Maryland / Department of Health and Mental Hygiene 96 23735

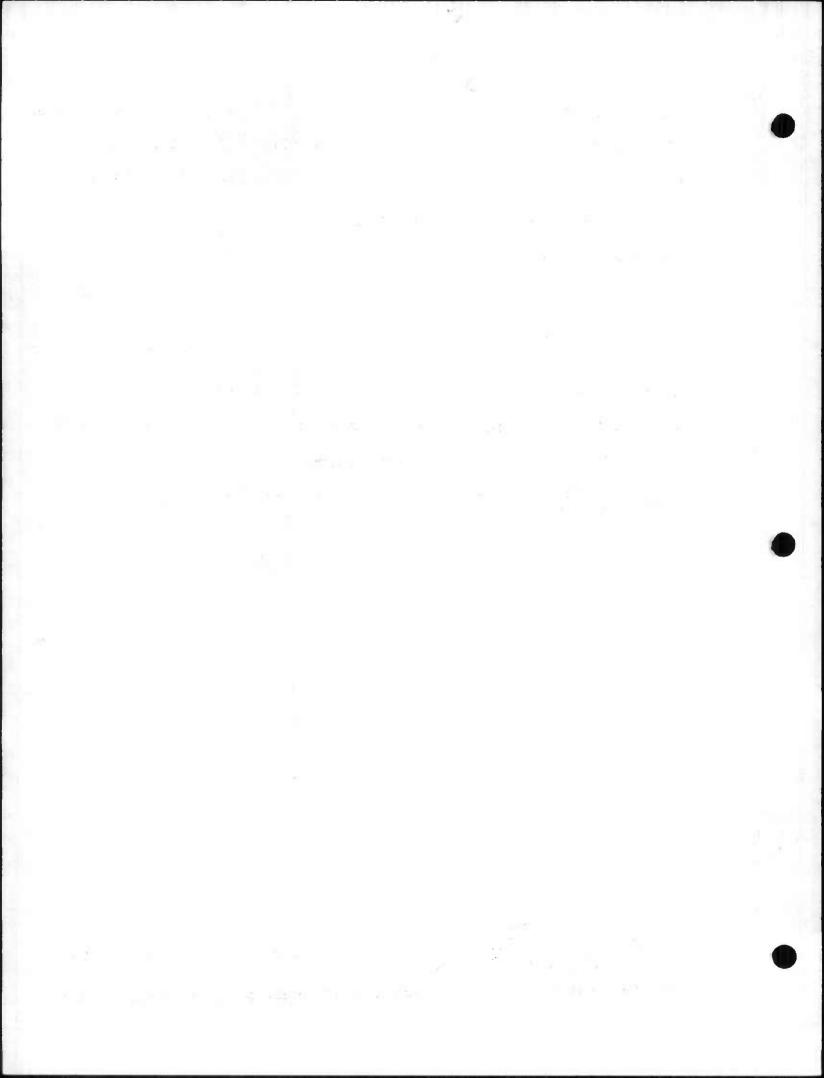
						Cei	tificate	e of	Death			Reg. No.		
	Physic	ian	1. Decedent's Neme (First, Middle, La	•							2. Date of De	eth	Year	3. Tima of Death
	/Medi		OTTALLETTE	JEANETTE	K	NODE					AUGUST		1996	3:50 P.1
7	Exami	ner	4a. Fecility Nama (If not institution, gin CHERRYWOOD HEALT	The state of the s					REIST	ERST		В	nty of Deeth ALTIMO	ORE
	Funeral Director		210-70-4392	Y	a (In yrs. last bi	rthday) Yrs.	If Under 1	1 Yaar Deys		24 Hrs. Min.	8. Data of Bir 12/13/	OB (Control)	9. Birthp	place (State or Foreign MOV) SINIA
	land		Usuel Residence of Decedant 10a. Stete 10b. County		10c. City, Tov	vn or Lo	cation						1	0d. Inside City Limits
	Many H sh	to	MARYLAND BALTIM	IORE	ту	OWSC	N							1 ☐ Yes 🏖 📉 No
	y 284	Director	10e. Street and Number				10f. Zip (Code				10g. Citizen o	f What Cour	ntry?
	th wit		3 RUCKVIEW COURT	#101				21	204			US	A	
20	n 72 hours effer death with the Maryland "netural", or ferme 23s or 28s-f show edical Examiner issust be notified at	by Funeral	11. Marital Status 1 ☒ Navar Marriad 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant E Armed Forcas? 1 Yes 2 N If Yes, Giva Year or Detes:			Was Deceda I Yes, speci I □ Yas 2			gin? (Sp i, Puerto	ecify Yas or No Rican, etc.)	Spec	ace - Amaric leck, Whita,	
21215-0020	2 hou		15. Decedent's E		166	. Deced	lent's Usuei	Occu	petion			16b. Kind of		
215		Completed	(Specify only highest gro	college (1-4or 5-		(Give	kind of work DO NOT use	k done e retire	during mos	t of work	ing			,
21	od withir giene. er than t, pre M	Son	7th GRADE	CONSGO (1-40) O	*/	HOM	IEMAKE	R				OW	N HOME	2
pul	2 should be filed within and Mental Hygiene. Is marked other than aumatic event, tree.	Be	17. Fether's Neme (First, Middle, Last,						18. Mothe	r's Nam	a (First, Middle	, Melden Sum	ame)	
yla	should ind Men i marke umarke	2	19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Ru								CONWAY			
, Maryland	を記され		ROBERT KNODE		BROTHER 3 RUCKVIEW COURT #						Rural Routa Number, City or Town, State, Zip Code) Ol TOWSON, MD 21204			
Baltimore,	8 6 7		20a. Method of Disposition 12DBuriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specif			ry, cren	sition (Name netory or oth ARK C	her pla		ie	Dete 3/12/96	20c. Location	ORE,	
alti	permit. Peg Department Important: if eny injury o		21. Signature of Funerel Sarvice Licar		Lacob	22	. Name and	Addre	ess of Facilit	у		DAULI	TOTAL /	TID
00	88 5 8		122	Market Budge, S.W. and A. ville.					UNERA I RAVE		ME TY	OWSON,	MD 21	1286
	_		23a Part. Entar the diseese, or com	plications that caused	tha daath. Do								MD 21	Approximeta Intervel Between
N	Physician		, or many teneror Electority	**			Δ				_	_		Onset and Deeth
1	/Medical Examiner		Immediate Cause (Finel disaase or condition resulting in deeth)	Del	nent	119	- /	11.	2 he	m	eds 1	UPE		10 years
		a	resulting in deedily		Due to (or es e	conseq	uence of):	(1	0
Т	petr Insit	Examiner		b								<u> </u>		
ó	exact in and fel-tra	Еха	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	ı	Due to (or as a consequence of):									
68760,	icate be executed physician and s the burlel-transit	Cai	Ceuse (Diseese or Injury thet initieted events	c	Due to (or es e	conseq	uance of):							
x 68	200	Medical	resulting in death) Last	d										
Bo	attend for us	Physician/		0.										
0	that the de ed by the deteched	ysi	Pert II. Other algnificant conditions of	ontributing to death bu	t not resulting	n the u	ndarlying ca	use gi	ven in Pert f					the cause of death?
0	signed by d be detec										10	Yes 2 10	3 Prol	bably 4 Unknow
Vital Records,	puires n sign uld bu	ed by									24a. Was	an autopsy	24b. W	ere eutopsy findings
000	lew requires sas been si	olet									perfe	ormed?	CO	allable prior to mpletion of cause deeth?
Re	0 - 5	Completed									10	Yes 2 10		Yes 20 No
ita	dcian: The	BeC	25. Wes case referred to medical						26. Piece	of Deet	h (Check only			
of V	Q io 3	To	examiner?	Hospitel: 1 ☐ Inpatier	nt 2 ER/O	utpetlen	t 3 DO	A Oti	her: 4 Nu	rsing Ho	ome 5 Resi	denca 6 🗆 C	thar (Specifi	y)
ion	Attending Ph r death. ector: After th by the funeral		27. Menner of Deeth 1 Neturel 5 ☐ Pending 2 ☐ Accident investigation	28a. Dete of Injun (Month, Day	Year) 28b.	Time of Injury	28 M	ic. Inju Wo	ryet ork?]Yes 2 ☐		28d. Dascribe	how injury occ	urred	
Division	or Atte	Certification:	3 ☐ Sulcide 6 ☐ Could not b 4 ☐ Homicide determined	28a. Piace of Inju building, etc.	ry - At home, for (Specify)	erm, str	aat, factory,	offica			28f. Location (City or To	Street and Nur wn, Steta)	nber or Rura	al Route Number,
	To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: After completely filled in by the funer	edical C	29e. Certifier 1 S Certifying Ph	ystotan: To the best of	examinetion ar	e, deeth	occurred a	t tha ti	ima, dete en opinion, dea	d piece,	end due to the	cause(s) and i	menner es si	tated.
	the other	Mec	29b. Signeture and title of certifier	end mennar stat	led.		29c	Licen	se number			29d. Data sign	ned (Month	Day Year)
	With To		at the sale	CARO	In		7	7	203	LU		A.10.1	ct a	1991
	0		30. Name and address of person who	completed source of de	oth /from One's	(Tuma	Print'	1	70_) 1		.1090.	31 11	din
	V		I'g Hunter Copa	1	5310	(Type,	of Co	01-	Road	Sur	te 21 Ra	ndallsta	M hay	21133
	Sta Registr	_	AUG 12 1996	32. 76981	SIGNAME	Joles .	0							

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

					,	Certifica	ate of	Death	F	leg. No.	<i></i>	0100
	Dhuoini	ion	Decedent's Neme (First, Middle, L.	ast)	-				2. Dete of Dee Month	th Dev	Year	3. Time of Death
	Physici /Medi		Eva Lena Kun	ız					August		1996	12 Noon
	Examir		4a. Fecliity Neme (If not institution, gi	ve street end number)				4b. City, Town, or Lo	cation of Death	4c. County	of Death	
			2117 Cockspur	Road			I	Middle Riv	ver	Baltin	nore	
	Funeral Director		108-18-5895	Sex 1	(In yrs. last bii	Yrs. If Unc	er 1 Year S Days	If Under 24 Hrs. Hours Min.	8. Dele of Birth (Month, Dey March	Year) 31,1925	9. Birthp Coun New	olece (Stete or Foreign stry) York
	and and		Usuel Residence of Decedent 10e. Stete 10b. County	1	IOc. City, Tow	n or Location					1:	0d. Inside City Limits
	fanyt aho	ō		1		e River						1 ☐ Yes 2 No
	the h	Director	Maryland Baltim	ore	MILUUI				Τ.	10- Ohi	45-40	**
	No in	급				101. 2	Zip Code			log. Citizen of \		лгут
	a 23	era era		load	an la II O	10 10 0 0	212		16 - 34 51 -	U.S.A		an Indian
0200-91212	d within 72 hours after death with the Maryland jiene. I than "natural", or Itema 23a or 28a-f ahow the Medical Examinet mat be notified at	by Funeral	11. Meritel Stetus 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Ev Armed Forces? 1 ☐ Yes 2X No If Yes, Give Yeer or Deles:			200 No	dispenic Origin? (Spien, Mexican, Puerto Specify:	Rican, etc.)		e - Americ ck, White, Whi	etc.
2	72 ho	Completed	15. Decedent's E (Specify only highest gr		18e	Decedent's Us	suel Occup	pation	ina	16b. Kind of Bi	usiness/înc	dustry
7	thin an	ple	Elementery/Secondery (0-12)	College (1-4or 5+)		life. DO NOT	use retire	during most of work d)	uny			
	75 75 10 000	5	9		H	ousewif	e			Own Hor	ne	
Maryland	0 = 0 2	Be	17. Father's Neme (First, Middle, Las	t)				18. Mother's Neme	e (First, Middle,	Meiden Suman	10)	
<u>a</u>	2 should be and Mental is marked or surmatic ave	2	Joseph Muller					Mary M	ichelcz			
a	2 sho and is me		19a. Informant's Neme/Reletionship	(Type, Print)	19b	. Meiling Addre	ss (Street	end Number or Run	al Route Numbe	r, City or Town,	State, Zip	Code)
	Health Health am 27 i		George V. Kunz (Husband)	21	17 Cock	spur	Road Mide	dle Rive	er Mar	yland	21220
Baitimore,	of Health Hum 27 other to		20e. Method of Disposition		20b. Pleca o	Disposition (A	leme of	ce)	Dete	20c. Location -	City or To	wn, Slete
Ĕ	Pages nent of i		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special	Removel from Stete		ount Ce		,	/8/19961	Baltimo	re,Ma	ryland
	교원은 중		21. Spreture of Funeral Service Lice					ess of Facility	, -,			-
ñ	Depa Impo any is			O :		Bruzdz	zinsk	i Funeral	Home			
	_		23s Part Finar the disease or on	nalibations that havened th	o doubt Do	1407	old E	astern Av	e. Esse	x, Md.	21221	Accessionate
			23a. Partt Emer the disease, or con shock or heart feilure. List only	one ceuse on each line.	ie death. Do	not enter the m	oue or ayı	ng, such es cardiec (or respiratory em	981,		Approximate Interval Between Onset and Deeth
	Physician /Medical		Immediate Cause (Finel									Chiser and Dodgi
	Examiner		disease or condition resulting in deeth)	Arterios	clero	tic Ca	ardio	ovascula	r Dise	ase		
		_	vocating in coolin			consequence o						
	pa jis	들		b								
	and Ftran	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	Du	ue to (or es e	consequence o	f):				- !	
68/60 ,	cian cian		Ceuse (Diseese of Injury	c.								
S	tificate be executed ig physician and as the bunal-transit	Physician/Medical	thet initieted events resulting in death) Last	Du	e to (or es a	consequence of	f):					
	\$ 0 a	Me	L	d								
ROX	attendin for use	lan		u							1	
-	that the death cer ed by the attendir detached for use	S	Pert II. Other significant conditions	contributing to death but i	not resulting i	n the underlying	g cause giv	ven in Pert I.	23b. Did to	obacco uss co	ntributs to	the causs of death?
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r	0 - 0	Son							1 🗆 Y	es 20 No	10	☐ Yes 2☐ No
<u> </u>	rificate	Be (25. Wes case referred to medical exeminer?					26. Plece of Deet	h (Check only or	ne)		
>	100	.0	1 X Yes 2 No	Hospitel: 1 Inpatient	2 ER/0	ntpelient 3 1	DOA Oth	ner: 4 Nursing Ho	me 5 🔀 Resid	enca 6 □Oth	er (Specify	(v)
o uo		Certification: T	27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Day Y	28b.	Time of njury	28c. Inju	rk?	28d. Describe h	ow injury occur	red	
5	1 2 2 2	cat	2 Accident investigetto 3 Sulcide 6 Could not t	00 00 00	411	M		Yes 2□No	00t 1 (0	troop could be a		I Courte At
2	or All after of Direction by	뒫	4 ☐ Homicide determined	28e. Pleca of Injury building, etc. (r - At home, fe (Specify)	irm, streel, fect	ory, office		City or Tow	treet and Numb n, Stete)	er or Hura	A Route Number,
3												
	Hosp 24 ho Fune Fune	edicai	(Check only 2K Medical Exa	h ysician: To the best of r miner: On the bests of ex	kaminetion en	e, deeth occurre d/or investigation	ed et the tip on, in my c	me, dete end plece, opinion, deeth occurr	end due to the c red at the time, d	euse(s) end ma late and piece,	anner as si and due to	eted. the ceuse(s)
	To the Hospital or within 24 hours all To the Funeral Discompletely filled in	Med	one)	end menner state	d.							
	5 × 5 %		29b. Signetule and title of certifler 29c. License number 29d.							29d. Dete signe	u (Month,	Doy, rear)
	\sim			X			0.	C.M.E.	7	UGUST	08.	1996
	X		30. Name and address of passon will	completed cause of dee	th (Item-23e)	(Type, Print)			1,7			
	0		Ann Dixon M.D	1	11 Pc	nn Ct	reet	Pal+:-	0000	fa	- 2 - 4	1-20-1
	Sta	ite	31. Dete filed (Month, Day, Year)	9.32. Anagistrar's	Signatura	2		, Baltin	iore, N	атАта	10 2	1201
	Registr	ar	AUG 1 2 1996	(1	-4-	_						

DHMH 16 Rsv 6/95



State of Maryland / Department of Health and Mental Hygiene 95

						Cen	tificate	of	Death			Reg. No.	50	6.01	01
	Physic /Med		Decedent's Nama (First, Middle, La JUNE ROSES	LEWKIEWI	CZ						2. Dete of De Month August		, 1996		a of Death
	Exami		4a. Facility Nama (If not institution, giv 3026 Elliott S	- I I I I I I I I I I I I I I I I I I I					4b. City, Tow Balt:		ocation of Deati	1 4c.	County of Death	1	
	Funeral Director				(In yrs. lest birt	rnday) Yrs.	If Under 1 Months D	eys		4 Hrs. Min.	8. Data of Bin (Month, Da 06 18	v. Year)	9. Birth Cou	placa (Sta intry) irgin	te or Foreign nia
	Maryland	ctor	Usuet Rasidance of Decedent 10a. Stata		10c. City, Town		eation more			4					e City Limits
	h with the	al Director	10e. Street and Number 3026 Elliott Str	eet			10f. Zip Co 212		ļ.			10g. Citiz	usa USA	intry?	
21215-0020	be filed within 72 hours effer deeth with the Manylend hal Hyglene. Id other then "natural", or flems 23s or 28s-f show event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Nevar Marriad 2 Married 3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yas 2 ☒ N If Yas, Giva Yeer or Datas:		lf.	/es Deceden Yas, specify ☐ Yas 2 🛭	Cub	en, Maxican,	in? (Sp Puerto	ecify Yes or No Rican, atc.)		14. Rece - Amar Black, White SpecifyWhit	, atc.	,
5-0	72 ho	Completed	15. Decedant's Ed (Specify only highest gra	lucation de complated)	16a.	Deceda (Giva k	ant's Usual C	ccup	pation during most (of work	ing	16b. Kir	nd of Businass/li	ndustry	
727	within ene.	Jump	Elementary/Secondary (0-12)	Coilege (1-4or 5-	+)		o notusa i sework		od)			At	: Home		
Maryland 2	8 4 5 5	To Be Co	17. Father'a Nama (First, Middle, Last) James Rayner				50,102,1		18. Mothar Rose	s Name	a (First, Middle, Fisher				
-	1 and 2 should Health end Men em 27 is marke other traumatic	-	19a. intormant'a Name/Raietionship (1 John C. Lewkiewi	Type, Pnint) CZ, Son	19b. 22	Malting	Address (S Wilhel	treet M	and Number Ave. E	or Rur Balt	al Route Number	or, City or Md.	Town, State, Z.	ip Coda)	
Baltimore,	permit. Peges 1 and Depertment of Health Important: If item 27 any Injury or other tr once.		20a. Mathod of Disposition 1 Buriel 2 Crametion 3 4 Donation 5 Other (Specify	20b. Piace of cematary St.Sta	y, cremi	atory or othe	r ple		8	Data 3-14-96		cation - City or T			
Balt	permit. Depertrements Imports any inju		21. Signature of Funeret Sarvice Licen	see Jelen		Ch	arles	S.			Son Ir			1	
P	the death certificate be executed Why the attending physician and the attending physician and the attending physician and the attending the a	n/Medical Examiner	23a. Part1. Enter the disease, or complete shock, or heart tailura. List only immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants rasulting in death) Last	a.	Leur Dua to (or as a c	onsequi	Pu de la la la la la la la la la la la la la	c	Hea					intervel onset en	nata Between nd Death
ords, P.O. Bo	v requires that the death co been signed by the attend should be deteched for us	ted by Physician	Pert ii. Other significant conditions of		resulting in the underlying cause given in Part I. e Dulinonay Duliass			1 🗆	Yes 2[sy 24b. W	Vara autopovaitable pri	Sy tindings or to			
Vital Records,	has the	Completed		-							101	ras 2	0	ompletion of death?	
<u>a</u>		BeC	25. Was case raferred to medical axamiper?						26. Placa o	of Deat	h (Check only o		1	D 100 2	
ō	inding Physician: ath. It: After this certific his funeral director,	P	27. Manner of Death 1 Natural 5 Panding 2 Accident Invastigation		28b. T		3 DOA 28c.		4 LI Nurs			na 5 Masidence 8 Other (Specify) 8d. Dascribe how injury occurred			
DIVISION	ital or Atte	Certification:	3 Sulcide 6 Could not be datarmined	28a. Place of Injurbuilding, etc.	ry - At homa, fan (Spacify)	m, strae	at, factory, of	fice			28f. Location (3 City or Tov		d Number or Rui	ral Route N	lumber,
/	772	edical	29a. Certifiar 1 Certifying Phy (Check only 2 Medical Exam	ysician: To the best of iner: On the basis of a end mannar stat	examination and	daath d Vor Inva	occurrad at the astigation, in	ne tir my c	ma, data and opinion, daath	piaca, occurr	and dua to tha ed at tha tima,	causa(s) data and	and mennar ss place, and dua	stated. to the caus	e(s)
(A duo	2	29b. Signatura and title of configuration	-		\wedge	29c. Li	cens	se number	0		29d. Date	a signed (Month)	Dey, Year	r)
^	5		30. Nama and oddrass of person who of MELITO M.	complated causa of da	ath (itam 23a) (1	Type, P	(Tiot)	5,	ELL	100	od AUL	5, B	ALTO,	MD	2/22
	Sta Registi	ite	31. Data tiled (Month Pay, Year) AUG 1 2 1996	who was Addien	cal pagnations are										

Registrar

State of Maryland / Department of Health and Mental Hygiene 96 23738

					C	ertificat	e oi	Death		. F	leg. No.			
Physic	ian	1. Decedent's Name (First, Middle, L		'U						2. Date of Dee Month	Day	Year	3. Time	
/Medi		CATHERINE MAR								Aug 9	,1996		8:25	a.m
Exami	ier	4a. Fecility Name (If not Institution, gi	ve street and n	umber)						cation of Deeth				
		Stella Maris 5. Soclei Security Number 6.	Sex	7 Ass (lave	. Jane birdhala	v) If Under	r 1 Vaa		Son	O Data of Diet			more	
Funeral Director		219-22-5983	1□ M 2OXF	7. Age (In yr.		Months			Min.	8. Date of Birth (Month, Day May 1	1,1927	9. Birth	place (Stete intry) M.d.	or Foreign
ž		Usuai Residence of Decedent 10a. State 10b. County		10c. C	City, Town or	Location							10d. Inside	Cltv Limits
Sa-f sho	Director	Md N/A		В	altim	ore								s 2 No
23a or 2		10e. Street and Number 5223 Ashland	Avenue	9		10f. Zip	Code			,	10g. Citizen of V	Vhet Cou USA	ntry?	
'natural', or itema 23a or 28a-f ahow Idical Examiner must be notified at	by Funeral	11. Maritel Status 1 □ Never Merried 2 □ Merried 3 및 Widowed 4 □ Divorced	Armed F	2 X No iive	U,S. 13	Was Dece If Yes, spe 1 Yes				ecify Yes or No- Rican, etc.)	14. Rac Bled Specify	k, White,	cen Indian, , etc.	
at a		15. Decedent's E	ducation		16e. Dec	edent's Usu	el Occi	upation			16b. Kind of Bu	ısiness/in	ndustry	
then then	Completed	(Specify only highest gi) (1-4or 5+)				e during mos red) Opera		ng	Segr	am 1	Liquo	rs
offine offine	Be	17. Father's Neme (First, Middle, Las Harold E. Wolf	•					18. Mothe	er's Name	(First, Middle,		е)	-	
marked metic e	2							1						
9 8 5		19e. Informant's Name/Reletionship Darlene Potter		. + 0 10		_				il Route Numbe			o Code)	
ther the		20a. Method of Disposition	/ Daugi		Place of Dis			OII AV	en,	Balto,	20c. Location -		oum State	
		1 ☐ Burial 2 ☐ Cremation 3		State	cemetery, ci	emetory or o	other pi							0705
njury		4 Donation 5 Other (Spec		0	hesap					3/11	Beltsv	1116	e, Maz	0705
Department of Important: If I any Injury or one		21. Signature of Funerel Service Lice	nse A					ress of Fecili Asht		Funera	1 Home	, II	ac	
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nysician		23a. Part1. Enter the disease, or cor shock, or heert fallure. List only	nplicetions thet y one cause on	ceused the dar each line.	ath. Do not e	nter the mod	de of dy	/ing, such as	cerdiec o	r respiratory er	rest,		Approximation of the control of the	etween
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S.	line.		b									i		
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ician		Sequentially list conditions, if eny, laeding to immediate cause. Enter Underlying Causa (Disease or Injury	C											
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anding use a	In/Me		d											
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5 8	d by									24a. Wes a	n autoney	24h W	/ere eutopsy	/ findings
been s should	Completed									perfor		6/	valleble prio ompletion of	rto
has 30 2	d E	2 50											death?	
certificate ha rector, page										1 D Y	N	1	☐ Yes 2[□ No
is certific director,	Be C	25. Was cese refarred to medical examiner?	Hospital:		7			ther		(Check only or			Hors	000
£ 70	. To	1 Yes 212No 27, Magner of Death	28a. Date	of Injury	28b. Time		JA	4 LI NU		me 5 Resid		er (Speci red	y) (10-	77 (42
the funer	tion	1 Avatural 5 Pending 2 Accidant Investigation	(Moi	nth, Day Year)	Injury	м	2Bc. Inj W 1 [ork? ⊒Yas 2□	No					
In by	Certification:	3 Sulcide 6 Could not 6	200. Plac	e of Injury - At ling, atc. (Spec	home, farm, i	treet, factor	y, office	ə	2	28f. Location (S City or Tow		er or Rur	al Route Nu	mber,
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the F		one)		nner stated.					an occurre					
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0		30. Name and address of parson who	1 -	Di	AN F	CX V	/)P/L	ISN P	N	3AITT	omo	2	1204	F

32. Registrer's Signeture

DHMH 16 Rav 6/95

State

Regulative

31. Date filed (Month, Day, Year)

AUG 12 1996

State of Maryland / Department of Health and Mental Hygiene 06 23739

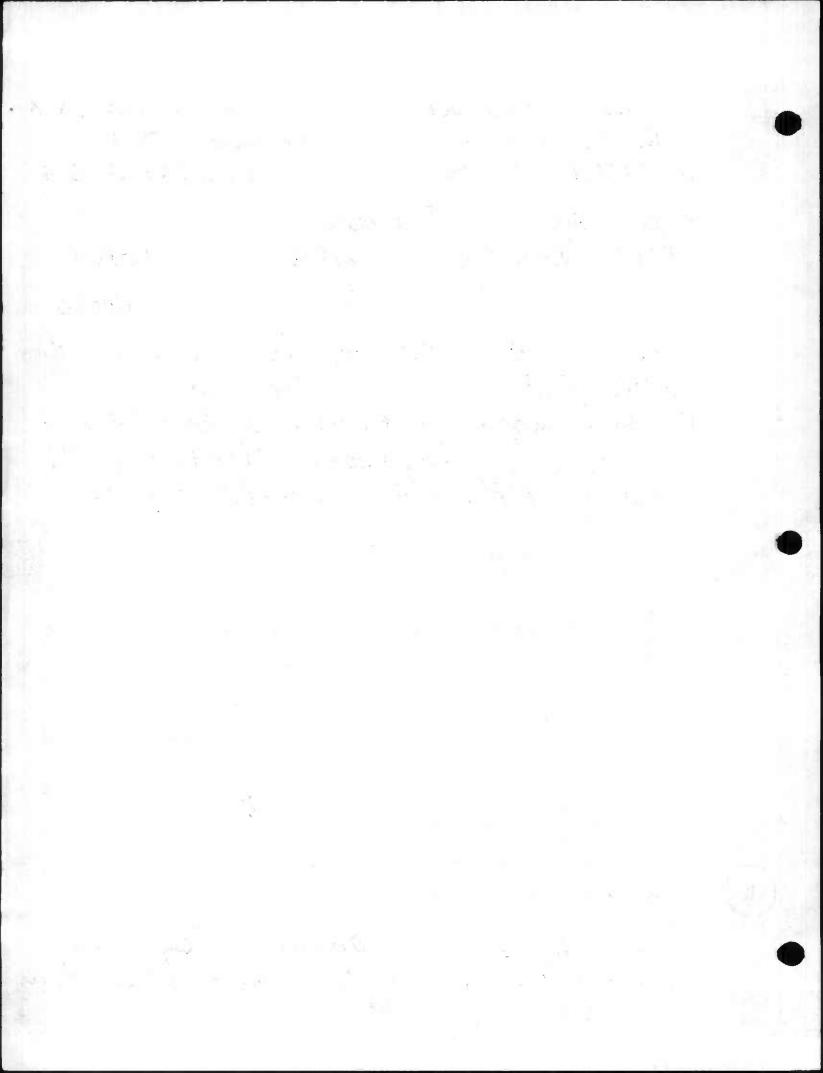
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/Medi		Cornelis Laurys			RIAN	LAURYS			AUGUS	T 6.	1996	3120 am
Exami	ner	4e. Fecility Neme (If not institution, g Union Memorial)			Balti	more	City	th 4c. Cou	n/a	
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men in the control of	ğ		N/A		METOW						1	1 ☐ Yes 2√☐ No
r 28a	lec lec	10e. Street end Number	•		1.	10f. Zip Cod	9			10g. Citizen	of Whet Cou	intry?
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Items Inst. Fra	Funeral Director	11. Marital Status	12. Was Decedent Armed Forces	,	13. Was	Decedent of	of Hispenic Or	igin? (Spe	ecify Yes or N Rican, etc.)	0- 14.	Race - Ameri Bleck, White	
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o o	To Be	CORNELIS A. LA							ARSDA	0, 111010017 041	,,dillo)	
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of Health Item 27 r other tr		20e. Method of Disposition		20b. Plece o	of Disposition	on (Neme of	olece)		Dete	20c. Location	on - City or T	own, Stete
ment of I		1 ☐ Burial 2 ☑ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spec		METRO				8	/7/96	CATONS	SVILLE	, MD
Departm mports any inja		21. Signature of Funeral Service Lice	ensee		22. Na	ame and Ade	dress of Feclli	ty		0.12.02.		,
02 # 8		· m					FUNERA RAVEN			WSON, I	MD 21	286
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Approximation approximation

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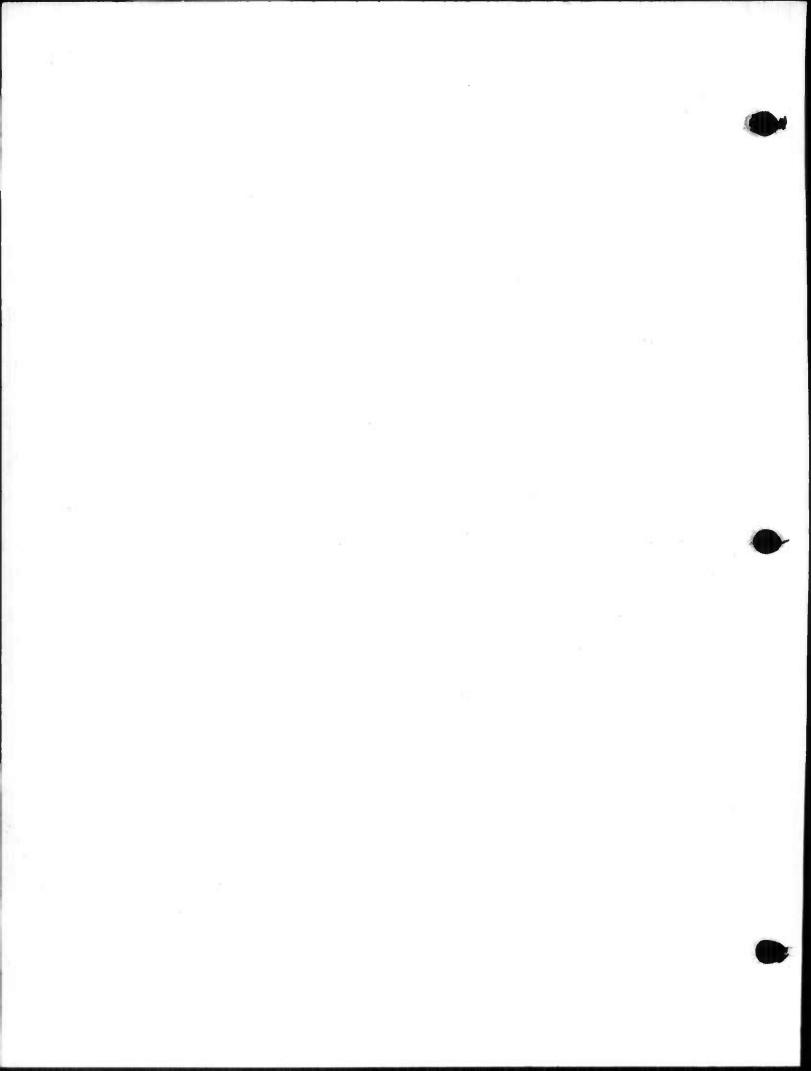
				C	Certificate of		Reg. No	20	23740
P	hysici	an	1. Decedent's Name (First, Middle, Last)			0.0	2. Date of Death		3. Time of Death
	/Medic		GERE LAW	RENCE			ang. 6	1996	9:30 An
E	Examin	er	4a. Facility Name (If not institution, give street and numb	er)	4	4b. City, Town, or Lo		County of Death)
-		_	5. Social Security Number 6. Sex	Age (In yrs, last birtho	fav) If Under 1 Year	If Under 24 Hrs.	NOTE 8 Date of Birth	YA	nalogo (State on Fores
5.00	ineral rector		212-32-7067 1 M 2XF Usual Residence of Decedent	74 Yrs	Months Days	Hours Min.	8. Date of Birth Feb. 2,19	22 Sou	holece (State or Foreign unity) Carolina
ryland	how Let		10e. Stete 10b. County	10c. City, Town o	r Location				10d. Inside City Limits
e Ma	28a-f ahow	cto	Maryland N/A	100	Itimore				1 Yes 2 □ No
death with the	el', or items 23a or 28a-f ahov Examiner must be nothing at	Funeral Director	3409 Fair View A	ve.	10f. Zip Code 21	216	10g. Cit	tizen of Whet Cou	intry?
0020 hours after de	, or Rem	by Fune	11. Marital Stetus 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. Was Decede Armed Force 1 Yes Give Year or Date	XNo	13. Was Decedent of H If Yes, spacify Cube 1 ☐ Yes 2 No	ispanic Origin? (Spe an, Mexican, Puerto Specify:	cify Yes or No- Rican, etc.)	14. Rece - Amer Black, White Specify: A	
5-0020		ed b	15. Decadent's Education		ecedent's Usual Occup	ation	16b K	(Ind of Business/I	egro
T 6 1	item 27 is marked other than "natural other traumatic event, the Medical	Completed	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	(G	ive kind of work done of	duning most of worki	ng 105. K	1	idustry
d 212 filed with Hygiene.	2 2	Com	2	Se	It-emp	loyed	Cor	vales	cent Home
pu sta	marked other than imatic event, the M	Be	17. Father's Neme (First, Middle, Last)			18. Mother's Neme	(First, Middle, Maiden	Sumame)	*
Marylan 12 should be	arke ratic	2	WILLS FULTON			Cora	+ulto1)	
20	traun		19a. Informant's Name/Relationship (Type, Print)	19b. M	eiling Address (Street	and Number or Rura	PA 12 1	or Town, State, Z	ip Code)
1 end Health	other to		20a. Method of Disposition	20b. Placa of Di	sposition (Name of	nion	Pate / 200 10	TO, ITA	1 L L L
0 20	= X		1 Burial 2 ☐ Cremation 3 ☐ Removel from Sta 4 ☐ Donation 5 ☐ Other (Specify)	te Remetery,	crematory or other place	(0)	13/96 R	14.	MI
Baltim Department	any Injury conce.		21. Signature of Funeral Service Libensee (), V	2	22. Name and Addres	ss of Facility	- Do	1110.	0, 114.
0 80	2 2 3		· (Monh YK	1100/	Joseph L	Russ	Fungra	Hom	e 1211
			23e. Part1/Enfor the distrise, or complications that caus shoot for hear failure. List only one cause on each	sed the death. Do not	enter the mode of dyin	g, such es cardiac o	r respiretory errest,	0.1110.	2/2/6 Approximate Interval Between
Phys	iclan		shoot or heart failure. List only one cause on each	n line.					Interval Between Onset end Death
	dical niner	П	Immediate Ceuse (Final disease or condition	is second	lary to	gangre	UE PBO	we/	2 WKs
LAGI		_	resulting in death) a.	Due to (or as a con	sequenca of):		7		
pel	nsit	nine	U.	wsepsis			,		3 wks
lecords, P.O. Box 68760, law requires that the death certificate be executed as bean simple from the control of	priysician end s the burial-trensit	Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury	Due to or as e con	sequenca of):		1 -1		
68760 ficata be e	e bur		triat initiated events	Due to (or as a con	farefut	SECONO	any to 5	10751	3 wks
68 tifficat	es th	Medical	resulting in death) Lest	/ /	/	1 +			46
BOX	for use	Z-a	d. CEVE	bow vos	cular ae	ender/			w/ known
O. E	od be	Physician/	Part ff. Other significant conditions contributing to death	but not resulting in th	e underlying cause give	en in Part I.	23b. Did tobacco	uss contributs	to the cause of death?
P.O.	be deteched	Phy	A		Failur		1 □ Yss 2	No 3□ Pro	obably 4 Unknown
JS,	D 00	þ	(1.041) WILLIAM	IC Cary	far juri	2			
nber nber	should	Completed					24a. Was an autoperformed?	a	Vere autopsy findings vailable prior to ompletion of cause
Rec e law	36 2	d E						/	ompletion of cause f death?
Vital R	or, pege		25. Was case referred to medical					No 1	☐ Yes 2☐ No
of Vital Records, Physicien: The law requires the requires the confined the beautiful to the confined to the c	director,	To Be	examiner? 1 Yes 2 No Hospitel: 1 Thinps	ıtient 2 ☐ ER/Outpa	tient 3 DOA Othe	26. Plece of Death	(Check only one)	6 DOthor (Spec	26.1
OF			27. Manner of Deeth 28a. Date of Ir	jury 28b. Time	e of 28c. Injury		8d. Describe how injur		(y)
Division o Attending	10 10	Certification:	2 Accident investigation	Day Year) Injur		Yes 2 □ No			
Z	10		3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of building,	Injury - At home, farm, etc. (Specify)	street, fectory, office	2	8f. Location (Street an City or Town, State	d Number or Rur	al Route Number,
1									
1 34	1	edical	29a. Certifier 1 Certifying Physician: To the best (Check only one) 1 Medical Examiner: On the basis and manner.	of examination and/or	eth occurred at the tim Investigation, in my op	e, date and placa, a pinion, death occurre	nd due to the cause(s) d at the time, date and	and manner as a place, and due	stated. to the cause(s)
4 1 4		Š.	one) and manner 29b. Signature end title of certifier	stated.	29c. License			te signed (Month,	
F 3 F	ō		11-	(110	D15		C		
	h	-	30. Name and eddress of parson who completed cause of	death (Item 23e) (Tyr			a	7	1996
	/		MARCOS GALICIA	m D	Bon SE	cours H.	sental B	altinum	E, Md 21223
	Stat	-	31. Dete filed (Month, Day, Year) 32. Regis	strer's Signeture			1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7
R	egistra	r	AUG 12 1996	- necessar-1					

DHMH 16 Rev 6/95



DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLANI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the nos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	F	FA	=

	1 - STATE REGISTRAR	STATE OF MARYLAN		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)	Beatrice La	Chance		2. DATE OF DEATH		3. TIME OF DEATH				
	33A181617		-ACHA	466	WONTH D	5 96	8:55 Pm H				
	4. SOCIAL SECURITY NUMBER 5.	. SEX a. AGE (in)	yrs. last birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	NPLACE (State or Foreign				
	1229-28-1976	M2 F	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	Coyn	nown				
	9s. FACILITY NAME (If not institution, give street	t and number)	9b. CIT	, TOWN OR LOCATION OF D		9c. COUNTY OF					
E C	alleria Hen Burn	To Delever will	Polar Hon		1021122						
5	RESIDENCE OF DECEDENT	cc were right !	Wite N	K Durne 11	(D 4114-	uxxe a	uexpo				
DIRECTOR	10s. STATE 10b. COUNTY	4 0	10c. CITY, TOWN				10d. INSIDE CITY LIMITS?				
	Maryland Anne Ar	undel	Glen Bu	rnie			1 YES 2 1 NO				
3AL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
FUNERAL	7355 Furnace Branc			21060		unki	nown				
5	11. MARITAL STATUS 1 Never Married 2 Merried	2. WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMED 13.	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic	NIC ORIGIN? (Specify Yes	s or No — 14. RAC	E — American Indian, k, White, etc.				
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE	s articreour	1 YES 2 X NO Speci	fy:	Spec	Mv.				
	15. DECEDENT'S EDUCAT	TON .	DECEMBER HOUSE		Terror		White				
E	(Specify only highest grade con	npleted)	Re. DECEDENT'S USUAL Of (Give kind of work done life. Do NOT use retired.)	during most of working	16b. KIND OF BU	SINESS/INDUSTRY					
P		College (1-4 or 5+) LNRNOWN	unknown			la					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	racitowit	unienown	10 HOTHER'S M	AME (First, Middle, Maiden	known					
Ö	unknown					Sumame)					
BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	S (Street and Number or Rural	known	- Photo 7/2 Code)					
5	unknown		unknow		Hoose Number, City of low	m, State, Zip Cooe)					
i	20s. METHOD OF DISPOSITION	20h Pl	ACE AND DATE OF DISPOS		DATE 20c, LO	CATION — City or To					
	1 Burisi 2 Cremation, 3 Removal 4 Donation 5 D Other (So)Airy) Stat	from State cameta	ry, crematory or other place)		DATE 200. LO	CATION — City or it	own, sume				
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEF	22.	NAME AND ADDRESS OF FA	ACILITY						
	Ronald	S. Wade, Di	1 -				imore Street				
- 3	Haller 111	ille -	Ba	iltimore, Ma	ryland 21:	201-1559					
	23 PART I. Enter the diseases, or com shock, or heart failure. List	t only one cause on each	he deeth. Do not antei h lina.	the mode of dying, aud	ch as cardiac or reap	iratory arreat,	Approximate Interval Between				
	IMMEDIATE CAUSE (Final						Onset and Death				
	resulting in death) a. MIT THE TOTAL LUNIC CALLINGS A DUE TO (OR AS A CONSEQUENCE OF):										
_											
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A CO	ONSEQUENCE OF:	MUCTIL	11 Pur	DUNIN	24 10 42				
AT	if any, leeding to immediate cause. Enter UNDERLYING	332 10 (011 113 11 00	SHOLOGENGE OF J.	6)1511 M	511						
프	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):				1				
F	resulting in death) LAST										
	BART II Other electrons and data										
CAL	PART II. Other algnificant conditions c	ontributing to deeth but	not reaulting in the ur	iderlying cause given in	Part I. 24s. WAS AN PERFOR		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
ă					1 _ YES 2	KX NO	COMPLETION OF CAUSE DF DEATN?				
MEDI						-	1 - YES 2 - NO				
PHYSICIAN:	DID TOBACCO USE CONTRIB				N 🗆						
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	PLACE OF DEATN (Check								
YS		☐ Inpetient 2 ☐ ER/Outpetie		sing Nome 5 - Residence	a Other (Specify)						
표	27. MANNER OF DEATH 1 Matural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED					
BY	2 Accident Investigation		М	1 YES 2 NO							
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — building, stc. (Specify)	At home, farm, street, fact	ory, office	281. LOCATION (Street (City or Town, State)	and Number or Rural I	Route Number,				
E											
COMPLETED		N: To the best of my knowledg									
ŏ	2 MEDICAL EXAMINER: O	On the besis of examination sn	nd/or investigation, in my o	pinion, death occured at the	time, date end place, sn	d dus to the cause(e	e) and manner as stated.				
BE C	29 SIGNATURE AND TITLE OF CERTIFUE	/		29c. LICENSE NUI	MBER	29d. DATE SIGNED	(Month, Day, Year)				
	John A	1		のカラ	838	14	8291.				
5	30. WANTE AND ADDRESS OF PERSON WRÓ CO John Shavers, M.D.	ompleted cause of Death 518 Campe Mead	e Rd. Linth	icum, Md. 21090			V/ O				
	31. DATE FILED (Month, Day, Year) 32. DEGISTRAB'S SIGNATURE AUG 12 1996 32. DEGISTRAB'S SIGNATURE Auridoon—Anndelle										



State of Maryland / Department of Health and Mental Hygiene 96 23742

			Certificate of	of Death	Re	g. No.	<u>_</u>
Physician /Medicai	Decedent's Neme (First, Middle, Last) LATAUSHA	N.	LEWIS		2. Dete of Death Month AUG •	03°, 1996	3
	4a. Fecility Neme (If not institution, give street e	nd number)		4b. City, Town, or I	ocation of Deeth	4c. County of Deetl	

Funeral Director

the Manyland traumetic event, the Medical Examiner number notified at ò items 23a 72 hours after 6 "natural". nd Mental Hygiena. marked other than

Baltimore, Maryland 21215-0020 permit. Pages 1 end 2 should be file Department of Health end Mental Hy Important: if item 27 is marked oth any linjury or other traumatic event 2008. **Physician** /Medical **Examiner**

Examir

Physician/Medical

þ

Completed

Be

Certification: To

Medical

the death certificate be axecuted physician and s the burial-trans Box 68760, 98 esn nse 10 P.O. 1 Records, page 2 The Vital

To the Hospital of within 24 hours To the Funeral Completely filled

3. Time of Deeth 11:00 PM ARUNDAL 6. Sex 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. Birthplece (State or Foreign Country) 5. Sociel Security Number Months Deys 1□ M 2⊠ F Hours Yrs 24 213-94-6160 Usual Residence of Deceden Nov 10 1971 USA 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 □ No Director Md N/A Baltimore 10e. Street end Number 10f. Zip Code 10a, Citizen of Whet Country? Funeral 2424 bridge Hampton Drive 21234 USA 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☐ Yoo If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced Black. Completed 15. Decedent's Education (Specify only highest grede completed) 18e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 collector Finance 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Michael Lee Lewis Karen Crawford 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2424 Bridge Hampton Dr. Karen Crawford/mother Balto. Md 21234 20b. Plece of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory Aug 10 Baltimore Funerel Service Light 22. Neme end Address of Fecility Leroy O Dyett and Son PA sed the deeth. Do not enter the mode of dying, such as cardiac or espiretory errest, Approximate interval Between Onset end Deeth Immediate Ceuse (Finel Gunshot wound of hea disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yee 2 ☑ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings eveileble prior to completion of cause 24e. Wes en eutopsy performed? 1 ¥Yes 2 No 1 ☑ Yes 2 ☐ No 25. Wes case referred to medical exeminer?

¼ Yes 2 □ No 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 XOther (Specify) SCENE Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of injury (Month, Dey Yeer) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending Investigation 1 Neturel Injury Found 20:00 Found 8-3-96 Shot in hear 1 Yes 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stele) 1409 Form Rural 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 M Homicide Found off road in gully Arm Arundle Country 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

A Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end menner steted. 29a. Certifier (Check only one)

29c. License number

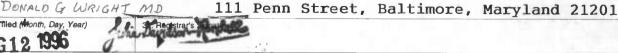
O.C.M.E.

29d. Dete eigned (Month, Dey, Year)

AUG. 04, 1996

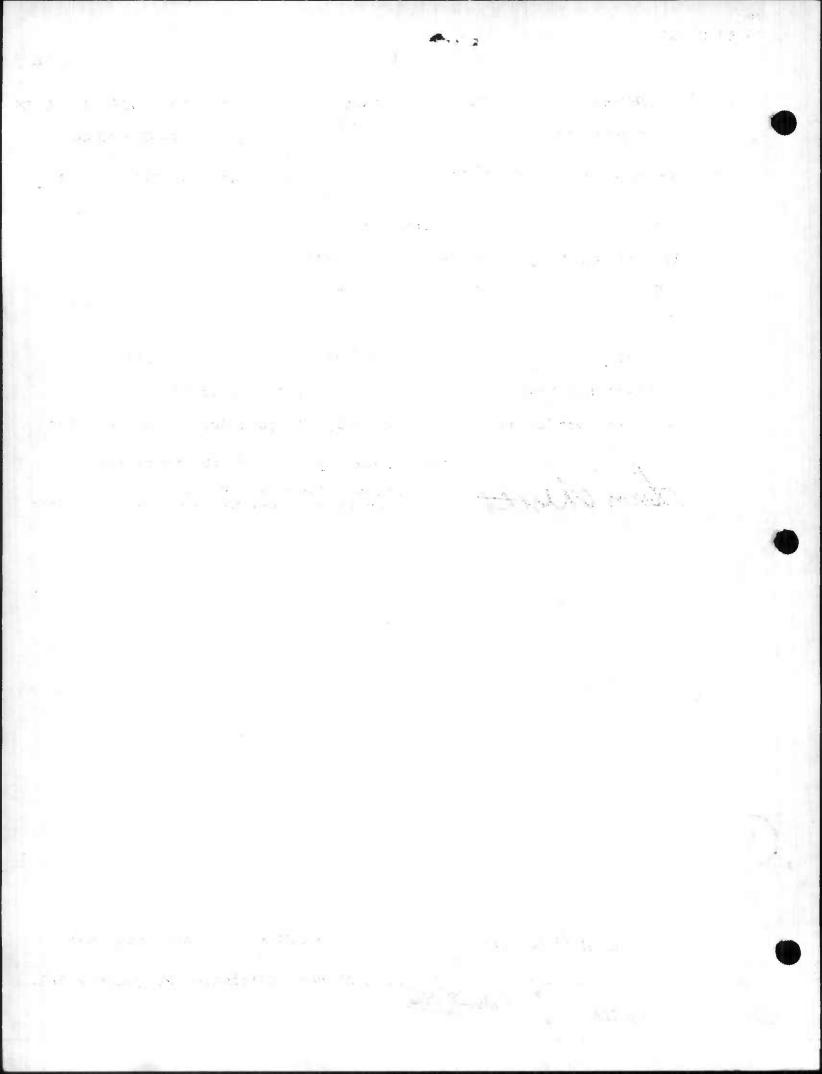
State Registrar 31. Date filed (Month, Day, Year)

29b. Signeture end title of certifier



Honald & Wright MO

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)



BALTIMORE, MARYLAND 21215-0020

68760	
BOX	
P.O.	
RECORDS	
. REC	
VITAL	
OF	
VISION	
2	

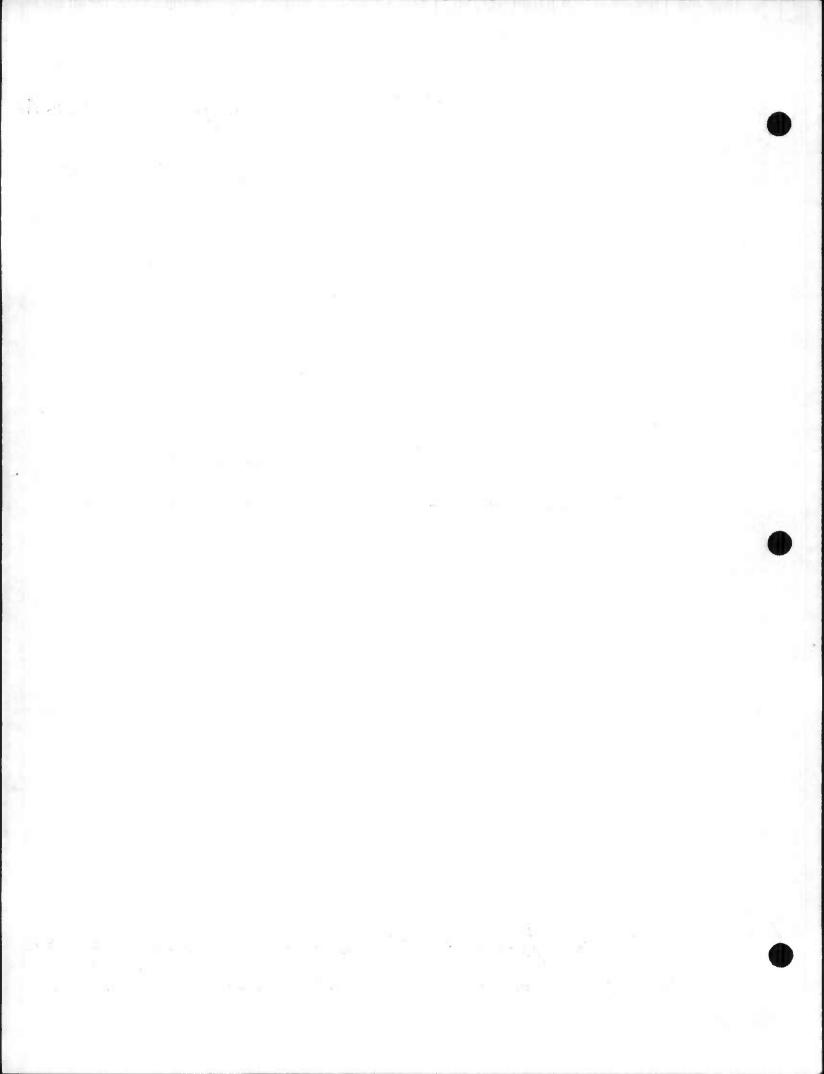
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	e attending physician and completely filled	ffor death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	8 is marked or Home and Injury or other traumatic event the medical eventines must be matital at another
ENDIN	R: Aft	er des	ie n
-	Ď	#	ot

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND /	DEPAR ERTIF	TMENT O	F HEALTH	AND	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF	DEATH
	PHILIP	GREER		MC I	NTYRE			Aug		1996	YEAR	4:30	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (in yrs. les	t birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	7. DATE	OF BIRTH			PLACE (State	
	213-05-7623 9a. FACILITY NAME (If not institution, give str	1 M 2 F	84	YRS.	MONTHS DA	WE HOURS	MIN.	Jul	th, Day, Year) Y 6	1912	Counti	Mar	yland
DIRECTOR	Perry Point Veter	ans Hospit	al			Perry					Ceci		
H	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR L	CATION						10d. INSIDE	
	Maryland H	larford			Ве	el Air	\E_			T-10- 017171		LIMITS:	NO NO
FUNERAL	604	Ponderosa	Drive			101. 211 002	210)14				State	
וַהָּ	11. MARITAL STATUS	12. WAS DECEDENT EVI	R IN U.S. AR	MED	13. WAS	DECENDENT	OF HISPA	NIC ORIGI	N? (Specify Yes	or No- 1	4. RACE	- American	Indien,
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 V	R DATES	•••		, specify Cub YES 2 X NO			Ricen, etc.)		Speci		
- 4	1 1 1 1 1 1										WII	ite	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do Not use natively) 16b. KIND OF BUSINESS/INDUSTRY												
빌	Elementary/Secondary (0-12)	College (1-4 or 5+)			,				A .l				
إ	12 Sign Painter Advertising 17. FATHER'S NAME (First, Middle, Last) 18. MCTHER'S NAME (First, Middle, Last)												
									Middle, Meiden				
띪	19e. INFORMANT'S NAME (Type/Print)	ATEXAIIUEI	Alliy							(Not		wn)	
2				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip 605 Red Oak Drive Bel Air, Maryland							ode)		
	Carol A. Robinson						Be		r, Mar			014	
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	val from State	20b. PLACE A cometery, cred HOIIV		her place)		0/1	2/96			arsh Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICE	CHOCC				E AND ADDRE							
	141-02	Milton	Knight	Jr					Leonard	d J. R	uck	, Inc	•
_	Mulion	migeld	K		530	<u> 5 Har</u>	<u>ford</u>	Road	d Bal	timore	, M	ld. 2	1214
	23. PART I. Enter the disease, or contained the second terms of th	Int only one cause o	tha de n each line	eth. Do n	ot enter the	mode of dy	ing, suc	th as can	diec or reapi	ratory arrea	it,	Interv	ximata al Between and Death
	resulting in death)	Probable DUE TO (OR A										one	week
z	C b											İ	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEC	OUENCE OF):								
2	CAUSE (Diseese or Injury												
	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEC	DUENCE OF):								
	d			_								-	
A	PART II. Other algnificent conditions	contributing to deel	h but not re	eeulting is	n the under	ying ceuse	given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPS	SY FINDINGS
	Cirrhosis wit	ch Portal E	lypert	entid	on				PERFOR	IMED?		AMAILABLE PE	
MEDIC	Rectal Carcin							_	1 YES 2	V NO		OF DEATH?	
≥	DID TOBACCO USE CONTR				S I NO	□ UNI	ERTAI	N				1 YES 2	□ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	100121007002			H (Check only	47	LKIAI				_		
SIC		HOSPITAL: 1 Inputient 2 ER/0	outpatient 3	DOA	OTHER:	dome 5 🗆 B	neldanea	• 🗆 🗪	- (CH-)				
ቷ	27. MANNER OF DEATH	28e. DATE OF INJUI	RY	28b. TIME	OF 28c	INJURY AT	esidence		SCRIBE HOW I	NJURY OCCU	RED	_	
	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	ır)	INJU	JRY	WORK?	NO						
BÁ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJ	JRY — At hor	ne, farm, s	treet, factory,	office		28f. LOC	ATION (Street e	and Number or	Rural R	oute Number	
S Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.													
29e. CERTIFIER (Check only 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.													
	one) 2 MEDICAL EXAMINER	: On the basis of examin	ition end/or i	nvestigation	n, in my opinio	n, death occu	red at the	time, date	end place, en	d due to the o	euse(e	end menner	ee stated.
- 11	296. SATURE AND TITLE OF CERTIFIER					-							
# H	Allma =	antos	4 1	λ			ENSE NUI					(Month, Day, Y	ear)
2 ∦	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM	27) (None	Print)	NY	T2TC	94-1		- 08/	/08/	96	
						1000							
	MELECIA SANTOS , N 31. DATE FILED (Month, Day, Year)		CHATURE O		מויו 2	1902							
	31. DATE FILED (Month, Day, Year) 32. REGISTRARYS SIGNATURE Parkets ALIGI 8 1996 Salin divideon handall												

6 - 0 -

State of Manyland / Department of Health and Mental Hygiene O.C.

			Certificate of Death		ig. No.	23/44
	Physici		1. Decedent's Neme (First, Middle, Last) Am (1 M, Manning)	2. Date of Deat Month	Day Y	3. Time of Death 7:15 AM
	/Medic Examir		4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Local	HUGUS ation of Death	4c. County of	
			8 Walden Cherry Woodlaw	In	Balt	more
	Funeral Director		237-20-1119	Month, Day,	Year) 9 2, 1918	Birthplace (State or Foreign Country)
	and **		Usual Residence of Decadent 10a. State 10b. County 10c. City, Town or Location	<u>'</u>		10d. Inside City Limits
	death with the Maryland	Director	Md Batto Woodlawn			1 ☐ Yas 2 ☑ No
	th with the 23s or 2	al Dir	10e. Street and Number 10f. Zlp Code 2/207	10	og. Citizen of Wha	at Country?
020	or ite	by Funeral	11. Marital Status 12. Wes Decedent Ever In U,S. Armed Forces? 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. Wes Decedent Ever In U,S. Armed Forces? 1 Yes, 2 No If Yes, Give Yeer or Dates: 13. Was Decadent of Hispanic Origin? (Specific Free Specify Cuben, Mexican, Puerto Ri	ify Yes or No- ican, etc.)		American Indien, White, etc.
5-0	72 hours "netural".		15. Decedent's Education (Specify only highest grade completed) 16a. Decadent's Usual Occupation (Give kind of work done during most of working		16b. Kind of Busin	ness/Industry
21215-0020	d within jene. r than "t	Completed	Elementary/Secondary (0-12) College (1-4or 5+)	,	7	
d 2	THE REAL PROPERTY.	ပ္ပ	17. Father's Name (First, Middle, Last) 18. Mother's Name (First Middle A	faiden Surname)	
Maryland	s 1 and 2 should be filed f Health and Mental Hyg tem 27 is marked other other traumatic event,	To Be	John Miles. Odessa	MC	Donale	7
ary	2 shou and M is mar		19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural II	Route Number,		
	1 and 2 Health a		Juanita Reaves - Daughter & Walden Cherry	Court	Woo	dlawn, red
Baltimore,	0 0 - 1		20a. Method of Disposition 1 Burlal 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) 20b. Placa of Disposition (Name of cemetery, crematory or other place) 4 Donation 5 Other (Specify)	Date :	20c. Location - Cit	y or Town, State
Balti	permit. Pag Department Important: I any injury c		21. Signeture of Funeral Servica Licensee 22. Name end Address of Facility Address of Facility	1 190	A	21215
		\dashv	23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or i	abash	Huenue	Approximate
duch	Physician /Medical Examiner		Immediate Cause (Finel disease or condition resulting in deeth) a. Acute myocardial Infarc	ction	/	Interval Between Onset and Deeth
	ned Insit	Examiner	oftherosclertotic heart o	listea a	-6	
60,	ficate be axecuted physician and is the burial-fransit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initialed events Due to (or as a consequence of): C. Pue to (or as a consequence of): Due to (or as a consequence of):	erozu	j	
Box 68760,	TO 00	n/Medical	their initiated events resulting in death) Last Due to (or as a consequence of): Type fen Scon			
. B	deat	sicis	Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did to	bacco use contri	bute to the cause of death?
s, P.O.	v requires that tha death cer been signed by the attandin should be detached for use	oy Phy	History of massive cerebro vascular	1 🗆 Ye	2 2 No 3	□ Probably 4 □ Unknown
Division of Vital Records,	iaw requires that tha death certi as been signed by the attanding 2 should be detached for use a	Completed by Physician/M	acudent with Rt sided hemiparesis	24a. Was er perform		24b. Were autopsy findings evailable prior to completion of cause of death?
B	sician: The law cartificate has b lirector, page 2 s	E		1 □ Ye	s 200 No	1 ☐ Yes 2 ☐ No
/ita	yslcian: s cartific director,	Be	25. Was case referred to medical examiner?	(Check only on	9)	
of		유	1 ☐ Yes 2 ♣No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home			
LO U	After fune	ijon:	1 Netural 5 Pending (Month, Dey Year) Injury Work?	3d. Describe ho	w Injury occurred	
ivisi	ospital or Attending hours after death. uneral Director: After siy filled in by the fune	Certification:	2 Activities 6 Could get be	If. Location (St. City or Town	reet end Number (State)	or Rural Route Number,
	hours a hours a uneral D y filled		29a. Certifier (Check only) Check only (Check only) Check only (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only)	d due to the ce	use(s) and mann	er as stated.
1	252	Medical	and manner stated.			
6	JA [*]		29b. Signature and the of certifier to be signature and the signature and the signature and the signature and sign	25	August	12 - 1996
\	1		30. Name and address of person who completed cause of death (Item 23a) (Type, Print) MOGES GEBRENACIAM: 4660 Willem Are Ba 31. Dete filled (Month, Day, Year)	es	mol	21229
	Sta Registr		A Control of the Cont			
	negisti	41	AUG 12 1996			



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** MARTIN SNELL MORGAN, SR. 8:06 A.M. AUGUST 1996 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 106 KENILWORTH PARK DRIVE APT. 2A TOWSON BALTIMORE If Under 1 Yaar Months Days If Undar 24 Hrs. Hours Min. 8. Dete of Birth (Month, Dey, Year) 11/19/16 5. Sociei Security Number 6 Sex 7. Aga (In yrs. last birthday) Birthpieca (Stata or Foraign Country) **Funeral** 219-42-6168 79 ILLINOIS Director Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits ahow r than "natural", or items 23a or 28a-f ahov the Medical Examiner must be notified at 1 ☐ Yes 2X No Directo MARYLAND BALTIMORE TOWSON 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 106 KENILWORTH PARK DRIVE APT. 2A 21204 USA death Funeral Wes Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Evar in U,S. 14. Race - American Indisn, 11. Maritai Status Armed Forces Bleck, White, atc. filed within 72 hours efter 1 ☐ Yes 2/XNo If Yas, Giva Yeer or Detes: 1 ☐ Navar Married 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🛣 No þ Specify: WHITE 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry SOCIAL SECURITY Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) **ADMINISTRATION** YEARS SECTION CHIEF permit. Peges 1 end 2 should be file Department of Health and Mentel Hy important; if Nem Z7 is marked othe any injury or other traumatic avent 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) HAROLD MORGAN ABBIE SNELL 19e. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) WIFE MARY R. MORGAN 106 KENILWORTH PARK DR. APT. 2A TOWSON, MD 21204 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Deta 20c. Location - City or Town, Stata 1 X Burlei 2 ☐ Cremation 3 ☐ Removel from Stete 8/10/96 DULANEY VALLEY MEM. GAR. 4 ☐ Donetion 5 ☐ Other (Specify) COCKEYSVILLE, MD 21. Signature of Funeral Service License 22. Neme end Address of Fecility JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. TOWSON, MD 21286 or heart failure. List only one or plications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory arrest, one cause on each line. Approximata interval Between Onsat and Death Physician immediete Cause (Finel disaese or condition resulting in deeth) /Medical month Examiner Examiner certificate be executed attending physician end for use as the burial-transit Sequentielly list conditions, if any, laeding to immadiete cause. Enter Underlying Cause (Disease or injury Due to (or es a consequance of) Division of Vital Records, P.O. Box 68760, Physician/Medical that initieted events Dua to (or as a consequence of): resulting in death) Lest signed by the a Pert II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No by 24e. Wes an eutopsy performed? 24b. Ware autopsy findings available prior to Completed peed completion of cause of death? has certificate funeral director, 25. Was case referred to medical axaminar? Be 26. Place of Deeth (Check only one) Hospitei: Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 2 1□ Yes 2☑ No 1 ☐ inpatient 2 ☐ ER/Outpetlant 3 ☐ DOA this 27. Manner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury st Work? Certification: After 5 Panding investigation or Attanding 1 Netural after deeth. Director: Aft 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28a. Piece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) 4 - Homicide 24 hours Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(s) and menner as stated.

Medical Examiner: On the bests of examination and/or investigation, in my opinion, deeth occurred at the time, date and piace, and due to the cause(s) end menner stated. 29e. Certifier Medical (Check only one) To the within 2 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D30929 Coul Celano, NO ne and address of person who completed cause of death (Item 23a) (Type, Print) mp 6569 N Charles St. BArmul, no 21204

DHMH 16 Rev 6/95

State Registrar

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

HONARD

31. DATE FILED (Month, Day, Year)
AUG 12 1996

	1 - FOR STATE REGISTRAR	STATE OF I			TMENT ICATE				MENTAL HYGI			20140
	1. DECEDENT'S NAME (First, Middle, Lest) Marie Eli	zabeth M	layr						2. DATE OF DEATH	1996	YEAR	3. TIME OF DEATH 10 p.m. M
	4. SOCIAL SECURITY NUMBER 213-10-8850	5. SEX	6. AGE (In yrs. les	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Yea May 16,	1904	Count	HPLACE (State or Foreign
OR	9a. FACILITY NAME (It not institution, give st Westminster Nurs	ter	9b. CITY, TOWN OR LOCATION OF DEATH Westminster Carroll									
DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNTY Md. Balti				y, TOWN O							10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 211. Glyndon	Drive				101	ZIP COD 21	136		10g. CIT	U.S.	MHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	T EVER IN U.S. AR		1	f yes, sp		n, Maxica	NIC ORIGIN? (Specify an, Puerto Ricen, etc. iy:		14. RACI Blac Spec	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(G	CEDENT'S ive kind of Do NOT u		CCUPATIO	ON ast of world	ng		eusiness/in	DUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Michael Malo	oly					18. MOT		ME (First, Middle, Me sephine S		on	
10	190. INFORMANT'S NAME (Type/Print) Robert M. Mayr		19						Route Number, City or Lateratew			.36
	20s. METHOD OF DISPOSITION 10 Burlet 2 Gremation 3 Remo		20b. PLACE conetery, cri		dral	Cen	. Au		12, 1996	Baltin		Md.
	21. SIGNATURE OF PUNITAL SERVICE LIC	libaro	B			Eckh		Fur	neral Cha		ings	21117 Mills, Md.
	23. PART I. Enter the diseases, or canock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ca	use on each line	- comp	not enter	the mo	de of dy	ing, auc	th as cardiac or r	espiratory a	rreat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	G	O (OR AS A CONSE									
MEDICAL C	PART II. Other eignificent condition PULMPNART OLD CIPER	MASS (LUNE		-=12	34	5P =	-	PE	S AN AUTOPSY REORMED?	248	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTI	HOSPITAL:		CE OF DEA	TH (Check	only one)			S Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		F INJURY Day, Year) OF INJURY At he		IE OF JURY M	28c. IN. WC	URY AT ORK? YES 2 [28d. DESCRIBE H			
LETED	3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1) CERTIFYING PHYSI	building	, atc. (Specify)					a, and div	28f. LOCATION (St City or Town, S	itale)		riouid Number,
COMPLET		R: On the beels of					leath occu		time, data and plac	e, end dua to	the ceuse(a) and manner as stated. D (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERION WH	meka	MA DE DE ATH STE		Point				40		3/10	

PERION WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE AND SUMMER SUMMER SUMMERS AND SUMERS TINGTON HOTS

Film G73	38 <u>i</u> 1	em	23,24a,24b,25,26,2	7 per Dr.	of Maryla 8-12-96						Re	g. No.	6	23747
Ph	ysicia	n i	Decedent's Neme (First, Middle								Dete of Death Month	h Dey	Yeer	3. Time of Death
	Medic		JOYCE	ANN			nei	LH	4mm			1,1996	150	ousy
Ex	camin	er	4a. Facility Neme (If not institution PENINSULA REGIO			NTER				n, or Loc	ation of Deeth	4c. County WIC	of Deeth OMIC	
Fun Dire			5. Social Security Number 220-34-6066	6. Sex 1 ☐ M 2 🖾		rs. last birthday) Yrs.	If Und Months	er 1 Yeer S Deys		4 Hrs. Min.	6. Date of Birth (Month, Day, December	Year) 5, 1933	9. Birthi Cour Mar	olaca (State or Foreign ntry) yland
and	-	ŀ	Usual Residence of Decedent 10a. Stete 10b. County		10c. (City, Town or Lo	ocation							I0d. Inside City Limits
Many!	a po	50	Maryland Wic	omico		Salis								1 ☐ Yes 2 ☒ No
deeth with the Maryland ms 23a or 28a-f show	Inctified at	rec	10e. Street and Number	0200		Julio		ip Code			10	Og. Citizen of V	Vhet Cou	ntrv?
oth with	-	0	303 Naylor Mi	11 Rd.				2180	9			USA		
ter deet	ner musit be	Funeral Director	11. Maritel Status	12. Wes D	ecedent Ever in Forces?	U,S. 13.	Wes Dec	edent of I	Hispenic Origin	n? (Spec	cify Yes or No- Rican, etc.)			can Indien,
S & 9		þ	1 ☐ Never Merried 2 ☐ Marr 3 ☐ Widowed 4 ☐ Divorced	ied 1 ☐ Ye	s 2X No		1 ☐ Yes			Puerto A	sican, etc.)	Specify	k, White,	White
15-00 72 hours	edical	eted	15. Deceden (Specify only higher	t's Education	ad)	16e. Dece	dent's Us	uel Occu	pation during most o	of workin	0	16b. Kind of Bu	isiness/in	dustry
12 gight 17		Completed	Elementery/Secondery (0-12)	T	e (1-4or 5+)	life.	DO NOT	use retire	d)	or worker,				
aryland 212 should be filed withlind Mental Hygiene. marked other than			4 17. Fether's Neme (First, Middle,	(cost))	Hom	emak	er	40.04-15-2	- 51	/PT 14'-14'- 1	Domes		
Maryland d 2 should be file th and Mental Hy 7 Is marked oth	* A	Be	David Benjami		011						<i>(First, Middl</i> e, <i>N</i> Helen	savage	(e)	
arylan should be ind Mental	metic	ရ	19a. Informant's Neme/Reletions		err	10h Maii	on Addro	an (Ctran			Route Number,		04-4- 70	0.73
0 8 8	trau		Phillip Meilh		ehand						alisbur			(2009)
Heeith Heeith	other	ŀ	20a. Method of Disposition	animer / ne		Pleca of Dispo	sition (N	ame of		., 0		20c. Location -		own, State
Baltimore, semit. Peges 1 el Separtment of Hee	yor		1 ☑ Burial 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (S)		m Stete	elson's				7				aryland
Baltimore, N permit. Peges 1 end Department of Heeith Important: if itsm 27	eny injury	-	21. Signetyrthol Funeral Service		M				y ess of Fecility		/0/30	merson	S, F	aryranu
0 5 5 E	eny ir		1 -1191	10			Holl	oway	Funera	al H				
		\dashv	23a. Pert 1. Enter the disease, or shock, or heart feilure. List	complications the		3/05/	50 1	Snow	Hill H	Rd.,	Salisb	ury,MD	2180	4 Approximate
. Box 68/60, death certificate be executed Exam e ettending physician and	ical iner	dical Examiner	immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	e. <i>C</i> b. <i>II</i> c. <i>C</i>	My d can Due to	(or as a consection of the con	quence of): far): nea	cf					lago lago.
BOX DB leath certificate ettending phy	for use as the	Physician/Medi	resulting in death) Last	d	Due to	(or as e consec	uenca of):						d
d by th	lachec		Part II. Other significant condition	ns contributing to	death but not re	esulting in the u	nderlying	cause gi	ven in Pert I.			bacco use col ne / XXXI No		the cause of death?
ecorc ew requir	s 2 should be	Completed by									24e. Wes ar perform		av	ere autopsy findings aliable prior to mpletion of cause death?
= F #	bage	o O									1□ Ye	s 2XXNo	1[Yes X XX No
Of Vital I Physician: The this certificate		0	25. Was case referred to medical examiner?	Manital				100		of Death	(Check only one	e)		
hys sid	- I	2	1 ☐ Yes 2 No			☐ ER/Outpatier		JUA			e 5 🗆 Reside			ý)
	the funeral	Certification:	27. Menner of Death 1 Naturel 5 Pendin 2 Accident investig 3 Suicide 6 Could r	etion	te of Injury onth, Day Year)	28b. Time o Injury	f. M	28c. Inju Wo 1 □	ryet rk? IYes 2 □ No		8d. Describe ho	w injury occur	ed	
fier of Att	la by		4 Homicide determ	ned 28e. Ple	ece of Injury - At liding, etc. (Spec						City or Town	, State)		al Route Number,
To the Hospital Within 24 hours To the Funeral	completely filled	edical	(Check only 2 Medical I	Phyalcian: To t Examiner: On the	besis of examin	nowledge, deetl netion and/or in	occurre vestigetio	d at the ti	me, date and popinion, death	plece, er	nd due to the ca d et the time, de	use(s) and ma	nner as s	tated. the cause(s)
the the	mple		29b. Signeture end title of cartifier	end m	anner steted.				se number					
무통유	8		200. Signature end title of cartifler	//						10		d. Date signer		
		5	101	1-1	1212		9	2	114	/		1/4/9	4.	
	+	3	30. Neme end eddress of person	who completed ca	ause of deeth (Ite	em 23e) (Type,	Print)	011		6.	C 1 .		4.9	
	Ctot		31. Dete filed (Month, Day, Year)	20,00	Registrar's Sin	1/0 Y	HEa	Hhu	say Di	R; Je	. DAtub	oury, n	W. 2	180/
Red	State gistra	5		1996	Registrar's Sig	sor Kardal	4							

DHMH 16 Rev 6/95

TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

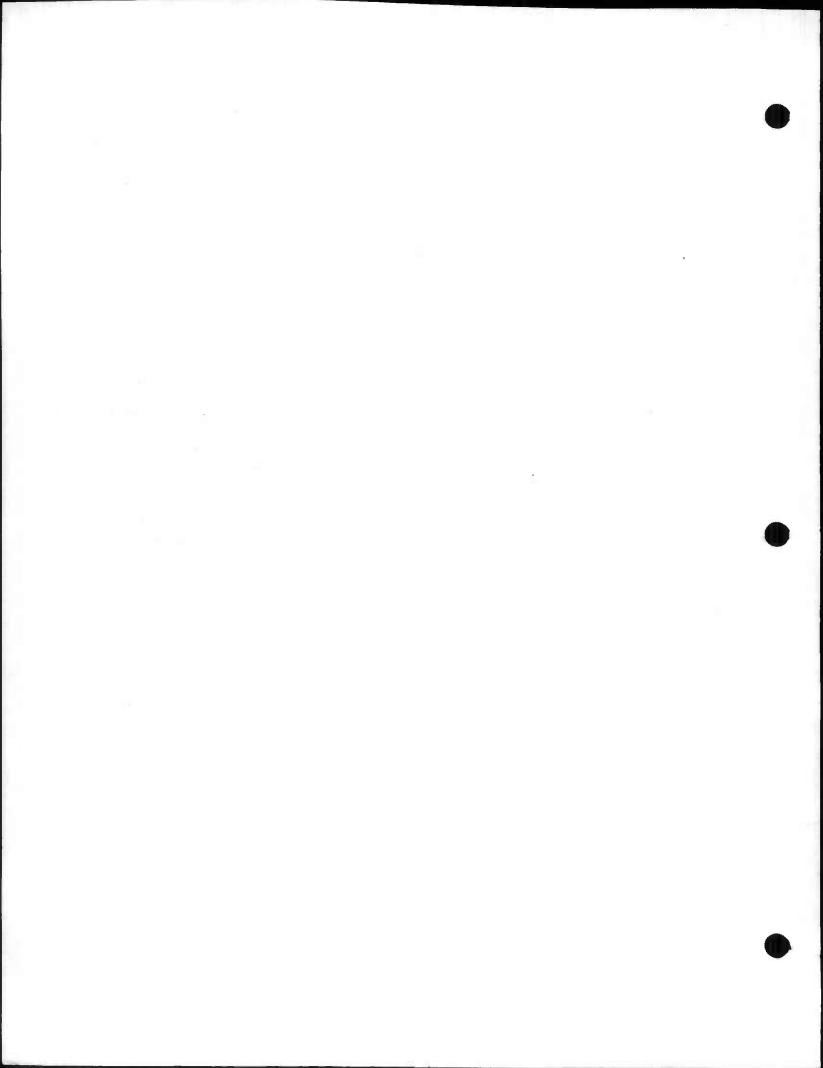
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CER	TIFIC	ATE OF	DEAT	H	RI	EG. NO.	_		
1000	t. DECEDENT'S NAME (First, Middle, Last) Elizabeth Melvin						2. DATE OF D		NY.	YEAR 96	3. TIME OF DEATH 1:53 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 1 \(\text{ M } 2 \text{ M } \) F	6. AGE (In yrs. last birt	thday) IF I	UNDER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, Day Sept 1	O,	1910	a. BIRTHE	PLACE (State or Foreign yland
OR	9a. FACILITY NAME (W not institution, give street and number) Union Memorial Hospital			CITY, TOWN O			ATH		110000	timo:	re City
<u>[</u>	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY	100	le CITY TO	WN OR LOCAT	ION						tod, INSIDE CITY
DIRI	Maryland Baltimore City			Baltim							LIMITS?
FUNERAL DIRECTOR	The Wesley Home 2211 W. Ro	ogers Ave	nue	tof.	ZIP COOE 21	209		•	tog. CIT		HAT COUNTRY?
BY FUN	tt. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED		If yes, spe		, Maxicar	IIC ORIGIN? (Sp n, Puerto Ricen		or No-	t4. RACE Black Specif	- American Indian, White, atc.
COMPLETED	ts. OECEDENT'S EDUCATION (Specify only highest grade completed)	(Give k	ENT'S USU ind of work of NOT use reti	AL OCCUPATIO	N st of working	7	t6b. KIN	D OF BUS	SINESS/INC	DUSTRY	
PLE	Elementary/Secondary (0-12) College (1-4 or 5 +) unknown		Homem					In (own H	iome.	
SON	t7. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NAI	ME (First, Middle				
BE	Ray S. Mel		All ING ADE	DRESS (Street a	ad Number		ertrude				
5	The Wesley Home							.,			and 21209
	20a, METHOD OF DISPOSITION	20b. PLACE AND	DATEOFDI	SPOSITION (Na		VCIIC	DATE			City or Tox	
	Note: Surial 2 Cremation 3 Removal from State 6 Donation 8 Other (Specify)	Baltim	ore C	ince) Cemeter	У		8/12	Balt	imor	e, M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	outer		_	e-He	nss	Funera				4044
	23. PART I. Enter the disease, or complications that	ceused the deeth	. Do not e				oad Bal				Approximete
	shock, or heert failure. Liet only one ceus IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	MO AMUL OR AS A CONSEQUE	mon	is ux	the	ectri	cture	lum	a dise	ease	Interval Batween Onset and Death 5-/0dayo
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury.	OR AS A CONSEQUE	NCE OF):								> 1 month > 3 years
MEDICAL	PART II. Other eignificent conditions contributing to a Consteam energy malmutation of dwance of metabolic bone du DID TOBACCO USE CONTRIBUTE TO CAL	isease	Chon	ic atria	Lfibr		יי נושו	WAS AN PERFOR	. /	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE O		Check only one)							
YSI	t YES 2 NO t Ninpatient 2	ER/Outpetient 3 🗆	DOA: 4	THER: Nursing Hom		sidenca					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	INJURY ly, Year)	Bb. TIME OF INJURY	WO	URY AT RK? (ES 2	NO NO	28d. DESCRIE	BE HOW I	NJURY OC	CURED	
ED	3 Suicide 6 Could not be 4 Homicide determined	FINJURY — At home, atc. (Specify)	farm, stree	t, factory, office			261. LOCATIO City or To	N (Street wn, State)		r or Rural R	oute Number,
COMPLET	29a. CERTIFIER (Check only one) t CERTIFYING PHYSICIAN: To the best of a MEDICAL EXAMINER: On the basis of ex) and manner as stated.
BE	29b. SIGNATURE AND, TITLE OF CERTIFIER BOTON M O				29c. LICE 0 Q	846			29d. DAT	E SIGNED	(Month, Day, Year)
10		MOVIOL F	OSPI	Tal							
	AUG 12 1996 32. REGISTRA	R'S SIGNATURE	3								



State of Maryland / Department of Health and Mental Hygiene 23749 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month SER HUGUSI 0215 AM 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Columbia Howard Lorien Nursing Home If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) NOV. 21, 1 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1□M 2XF Days Yrs. 87 1908 PA 10b County 10c. City. Town or Location 10d. Inside City Limits Columbia Howard 1 ☐ Yes 2 No 10f. Zip Code 10g. Citizen of What Country? USA 21045 5764 Stevens Forest Road, Apt. 518 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: White 3 N Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Cotlege (1-4or 5+) Montgomery College Bookkeeper & Secretary 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Arthur M. Weeks Johanna R. Hoffman 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 2180 Duvall Road, Woodbine, MD 21797 (Daughter) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Aug. 1 ☐ Burial 2 【XCremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 1996 Beltsville, MD Chesapeake Crematory 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility
Witzke Funeral Homes, Inc. 21045 5555 Twin Knolls Rd. Columbia, MD 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death 24 GOUNS SERSIX Due to (or as a consequence of): Pulma MAUNIC Ohs teveture Due to (or es a consequence of): MONTITS Mter Cononmy DIJEANE Due to (or as a consequence of): 23b. Did tobacco usa contribute to the cause of death?

Physician /Medicai Examiner

or Attending Physician: The lew requires that the death certificate be executed

ate hes been signed by a page 2 should be detect

certificate

After this

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Division of Vital Records, P.O. Box 68760,

Physician

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Examiner

Funeral

Director

28a-f show must be notified at

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permit. Pages 1 end 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any injury or other traumatic evens

traumatic event, the Medical Examples

Director

Funeral

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Completed

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with the Maryland

filed within 72 hours efter death

21215-0020

Baltimore, Maryland

ANCH

5. Social Security Number

253-01-5885

10e. Street and Number

12

Joan Craney 20a. Method of Disposition

RI

10a State

Usual Residence of Decedent

Examiner nding physician end use es the buriel-transit

Immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

1 Yes 2 No 3 Probably 4 Unknown by Completed 24a. Was an autopsy performed? 24b. Were autopay findings available prior to completion of cause of death? 1 Yes 1 Yes Be 25. Was case referred to medicat examiner? 26. Place of Death (Check only one) 1 Yes 2 No Other: Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death 28a. Date of Injury (Month, Dev Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? 1 Neturei 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as atated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29e. Certifier (Check only 29b. Signature and title of certifler 29c. License number 29d. Date signed (Month, Day, Year)

Parlausy

within 24 hours a To the Funeral C completely filled

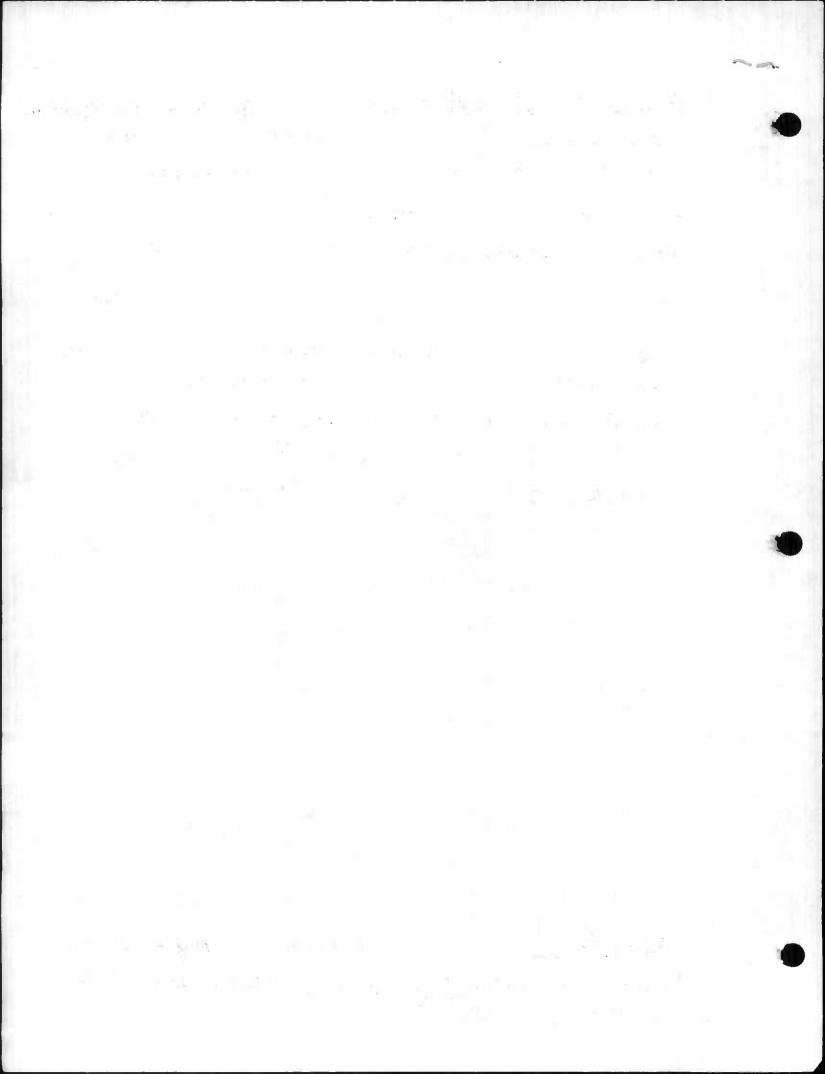
State Registrar 31 Date filed (Month Dev Year) 1996 AUG 12

11057 LITTLE 32. Registrar's Schalure 00

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Columbia

DHMH 16 Rev 6/95



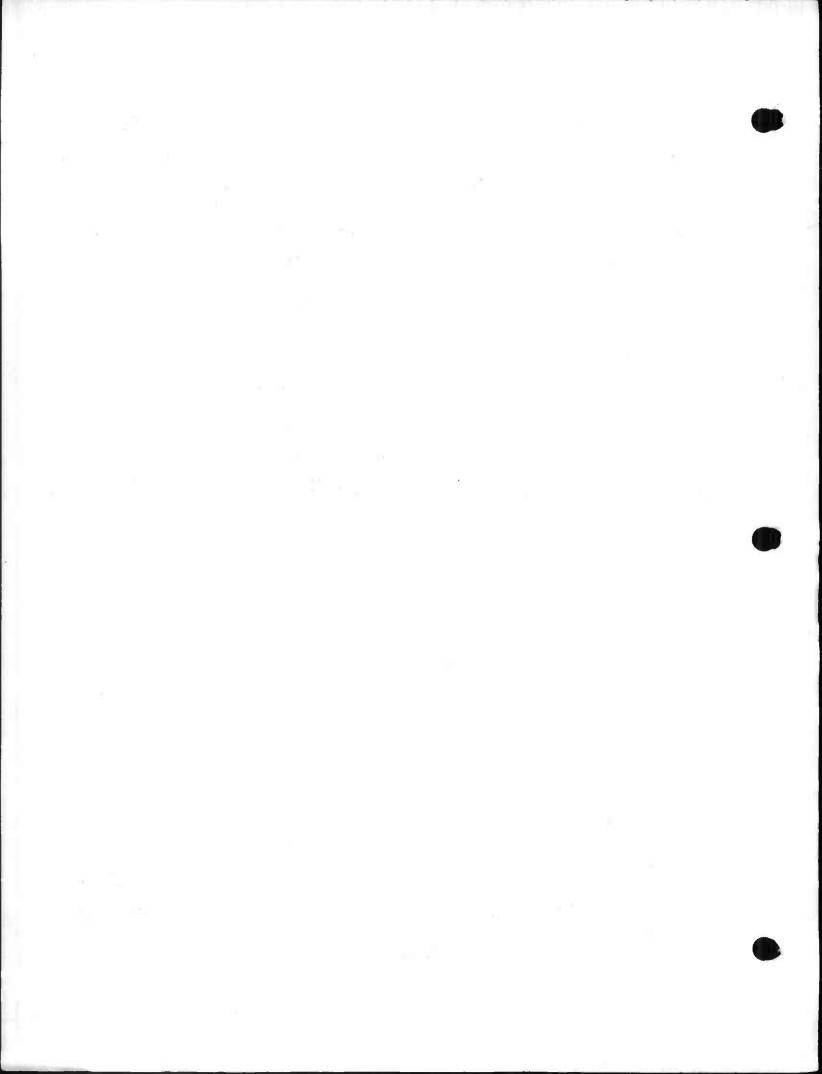
nours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPARIANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	1 - STATE OF MARYL REGISTRAR	AND / DEPARTMENT CERTIFICATE		ENTAL HYGIENE REG. NO.	-
	1. DECEDENT'S NAME (First, Middle, Lest) Amanda	Owens		2. DATE OF DEATH DAY AUGUST	996 10:39 A M
	4. SOCIAL SECURITY NUMBER 216-02-1386 5. SEX 1 M 2 F 9. FACILITY NAME (# not institution, give street and number)	(In yrs. last birthday) IF UNDER MONTHS 81	DAYS HOURS MIN.		8. BIRTHPLACE (State or Foreign Country) South Carolina
HOL	Maryand General Hospi	tal Ba	HIMD RE (10111	N/A
. DIRECTOR	Md. N/a	10c. CITY, TOWN OF Baltin	more City		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERA	561 Pressman Street		101. ZIP CODE 21217		S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 7 Widowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO II	VAS DECENDENT OF HISPANIA yes, specify Cuben, Mexicen, YES 2 X NO Specify:	C ORIGIN? (Specify Yes or No— Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specity: Black
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) 6 + b	16e. DECEDENT'S USUAL OC (Give kind of work done d life. Do NOT use retired.) Housekeepe	luring most of working	16b. KIND OF BUSINESS/H	1.57()
COMPL	6th 17. FATHER'S NAME (First, Middle, Last)	Поизексере	18, MOTHER'S NAM	E (First, Middle, Meiden Surname)	
BE	Sam Brezard 190. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS	Ella Bro	DWN	Zip Code)
2	Eloise Braxton/Daughter	561 Pressm	nan Street, E	Baltimore. Md	21217
	20METHOD OF DISPOSITION 20t 1 World 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	b. PLACE AND DATE OF DISPOSI metery, cremetory or other place) Mt. Zion Ceme	TION(Name of	1	- City or Town, State imore, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Wi	lliam C. Bro	LITY	Funeral Home
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	d the deeth. Do not enter seech line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	1	as cerdiec or reepiratory e	Approximate interval Between Onset and Desth
MEDICAL	PART II. Other eignificant conditione contributing to deeth b	out not resulting in the unc	derlying ceuse given in P	Part I, 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER	26. PLACE OF DEATH (Chec	sk only one)	
BY PHYSICIAN:	1 VES 2 NO 1 Inpatient 2 ER/Out		ing Home 5 - Residence 6	Other (Specify) 26d. DESCRIBE HOW INJURY O	CCURED
		Y — At home, farm, atreet, factorily)	ory, office	281. LOCATION (Street end Numb City or Town, State)	er or Rural Route Number,
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beet of my know one) 2 MEDICAL EXAMINER: On the beete of examination				
10 85	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	FATH (ITEM 27) /Rone Drine)	29c. LICENSE NUMB	9ER 29d. D.	ATE SIGNIFO (Mogrith, Day, Year)
	TRUCKY HALL, M.D. 31. DATE FILED (Month/Day, Year) 32. REGISTRAR'S SIGN	C/O mar	yland G	eneral H	tospital.
	AUG 12 1996 " Savidson	Rondoca			

DHMH-16 Rev 1/89



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DHMH 16 Rev 6/95

State

Registrar

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21215-0020

Baltimore, Maryland

Box 68760.

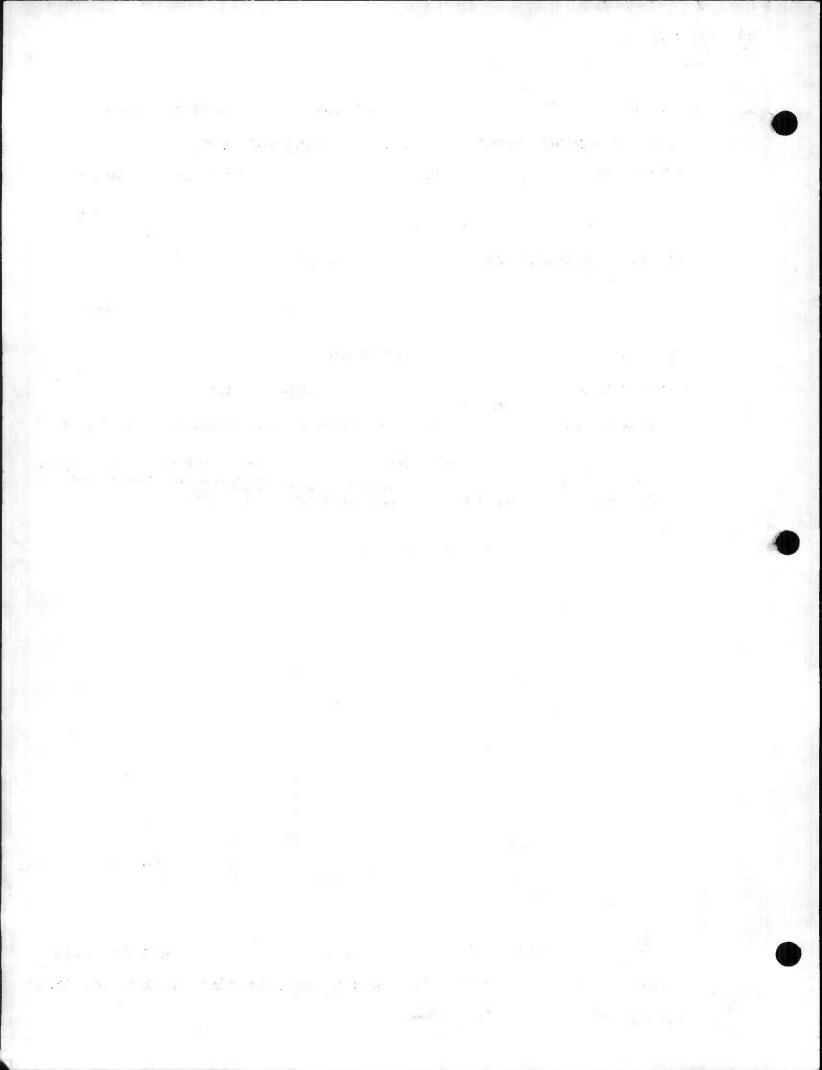
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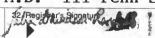
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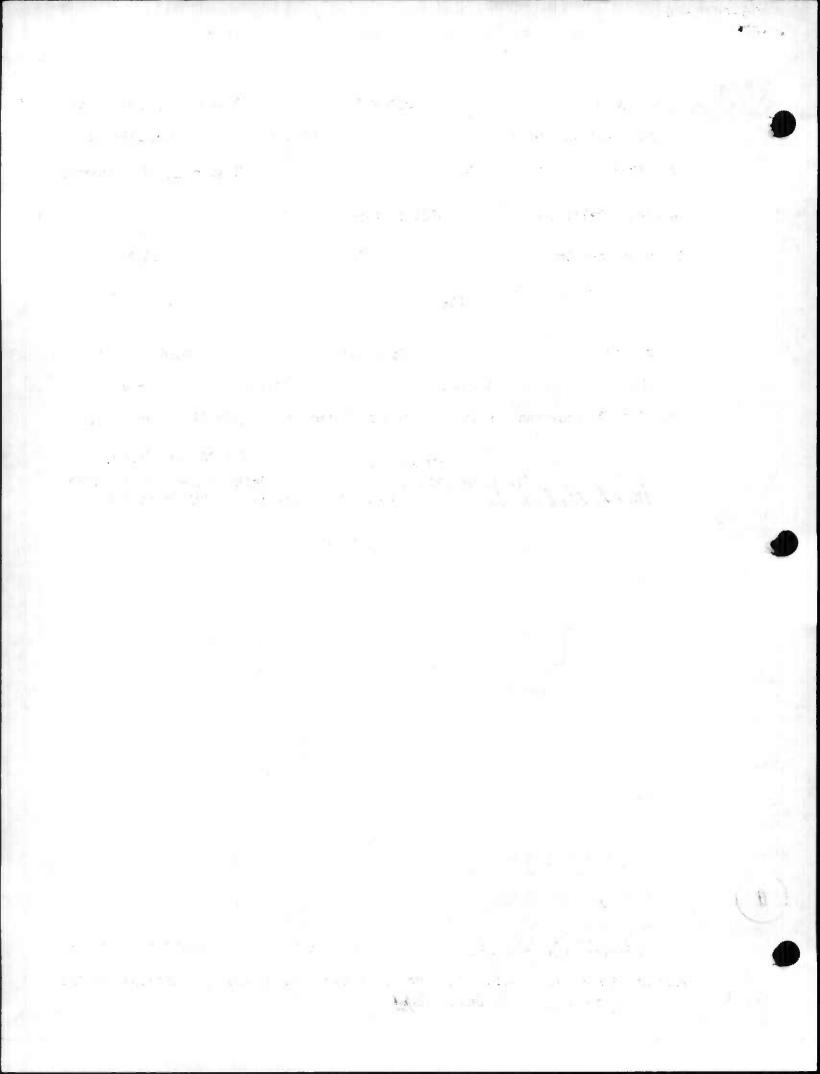
Division



					Certifica	ate of	Death		Reg.	No.		
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Maryland	ctor	Usuel Residence of Decedent 10a. State 10b. County Maryland Baltim	ore		own or Location	er					10	0d. Inside City Limits 1 ☐ Yes 2 💢 No
with the	Dire	10e. Street and Number 26 Stabilizer Dr				Zip Coda			10g.	Citizen of V		try?
ould be filed within 72 hours after death with the Manyland Mental Hygiene. arked other than "natural", or items 23s or 28s-f show afte event, the Medical Examination must be nothered.	by Funeral Director	11. Marital Sletus 1 □ Nevar Married 2 ☑ Marriad 3 □ Widowed 4 □ Divorced	12. Was Dacede Armed Force 1 X Yes 2	98?	13. Was De If Yes, s	21220 cedent of H pecify Cubs	lispenic Orlgi an, Mexican, Specity:	n? (Specify Yas Puarto Rican, e	or No-	Blac	A. e - Amarica k, Whita, e : Whi	eic.
in 72 ho netur	Completed	15. Decedent's (Specify only highest of	Education grede completed)	16	ie. Decedent's U (Give kind of life. DO NO)	suel Occup work done	etion during most	of working	16b	. Kind of Bu	siness/ind	lustry
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nd 2 shoulth and 27 is m		19e. Informent's Neme/Reletionship Mrs. Sena D. Rob			96. Mailing Addre 26 Stab							
Pages 1 and nent of Haalt int: If Item 27 iry or other		20a. Method of Disposition 1 🛣 Burlel 2 □ Cremetion 3 4 □ Donation 5 □ Other (Spec		ta cemet	of Disposition (finery, cremetory of dens of	or other plea		8/12/		Location - Baltim		
permit. Pages 1 an Department of Haal Important: If Item 2 any Injury or other		21. Signeture of Funeral Service Lice Paul L. Han	Paul L.	Hartsock,			ss of Fecility	Baltim	ore, M	arylar	nd 2	1214
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Physiciar /Medica Examine		23e. Pert1. Enter the diseasa, or co shock, or heart feilure. List on Immediete Ceuse (Finel diseasa or condition resulting in deeth)	mplicetions that causely one cause on each	СТ ЅНОТ		ode of dyin	ng, such as ca	, Inc.	5305	Harfor	rd Rd	Approximete Interval Between Onset and Death
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State Registrar





REG. NO.

7. DATE OF BIRTH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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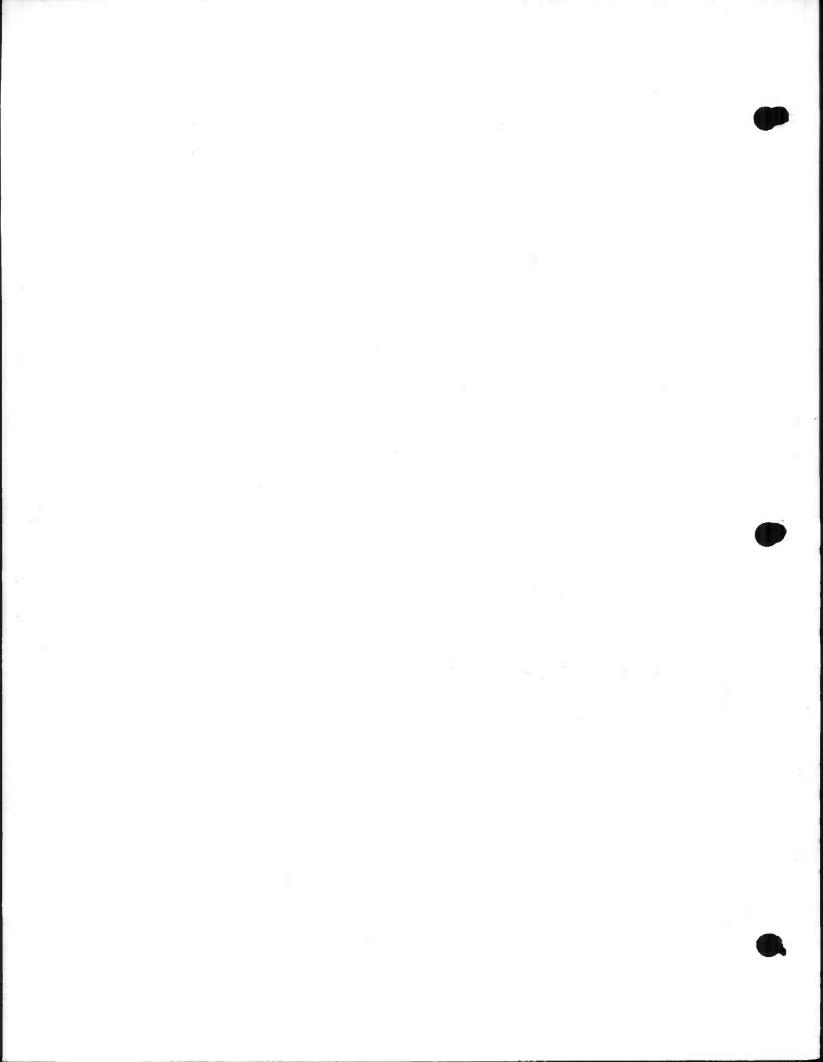
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physician. burial-transit permit. Pages	FUNERAL		owa Ar	******				101	. ZIP CODI		20	
cian. -trans	¥ I	2211 W. Rog	ers A	12. WAS DECEDEN	T EVED IN II C	ABMED	Lan	170.050	-	2120		
physician burial-trar		1 Never Married 2 M	arried	FORCES? 1	YES 2	Омо		f yes, sp	ecify Cuba	F HISPANIC (n, Maxican, P		
를 월	BY	3 Widowed 4 Divorc	ed	IF 123, GIVE F	AN ON DATES			YES	2XXNO	Specify:		
	COMPLETED	15. DECEI (Specify only I	DENT'S EDUC		16a	DECEDENT'S	USUAL O	CUPATIO	ON set of weeking	-	18b. Kil	ND OF BU
the hospital or detached for u	9	Elementary/Secondary (0-1		College (1-4 or 8	+)	IIII. Do NOT ut	se retired.)		or working	·v	1	
hospi sched	₹	unknown				Un	knowr	1				
	8	17. FATHER'S NAME (First, Mick							18. MOTH	HER'S NAME		
should be	H	Charles Edw		emmey						Marga		
s should	2	19a. INFORMANT'S NAME (Typ				19b. MAILING						
y be		The Wesley	_							ogers	Aver	nue
e 6 may ector, p must		20a. METHOD OF DISPOSITIO	3 Remov	val from Stata	20b. PLA cemetery	CE AND DATE	of DISPOS ther place)	ITION /Na	me of		DATE	20c. LC
age direc		Donation 8 Other (S		NECE	Nor	th Eas					7/26	No:
death, Page 6 may be tuneral director, page 1.	- 1	201	1	110	1)	B1	ULCIE	ee-He	nss Fi	unera	al Ho
the fu	_	1/ John	ul 1	cupe	nle		3	63Í	Fall	s Rd.	Bal	lto.
re and removed		23. PART I. Enter the disc	eases, or co	implications that	t caused the	death. Do r	not enter	the mo	de of dyl	ng, such a	cardiac	or reap
filled la		IMMEDIATE CAUSE (Fine										
三 音 音	1	disease or condition resulting in death)		. HSPIN	RATIO	~ pre	un	in				
completely ial, cremati event, ti				DUE TO	(OR AS A COA	SEQUENCE OF	F):		_			
at pud ecu	S I	Sequentially list condition	ne. b.	mac	OR AS A COM	to 20	wal	Row				
	Ĕ	If any, leading to immedicause. Enter UNDERLYIN	ate	DUE TO	(OR AS A CON	SEOUENCE O	F):					
certificate be ding physician tyglene prior tr	윤	CAUSE (Disease or injury that initiated events		DUE TO	(OR AS A CON	SEQUENCE OF	n.					
이 등 수	CERTIFICATION	resulting in death) LAST			(0.000.102	· p.					
- e e	U U		d.									
a da je	¥	PART II. Other algnificant	conditions	contributing to				deriying	cause g	iven in Par	t i. 24	n. WAS AN
uires tha signed t Health a	MEDICAL	Hy parter	son's	Jener	Hn	(at	j_ <i>P</i>	Son	rlow		. 1	YES 2
equire en sig of Hea	WE											
JAN: The law requires that rificate has been signed by the State Dept. of Health and or Item 23 shows any		DID TOBACCO US	E CONTR	IBUTE TO CA	USE OF D	EATH YE	S 🗆 N	10 C	UNC	ERTAIN [
9 E _	SICIAN:	25. WAS CASE REFERRED TO I		HOSPITAL:	26. P	LACE OF DEAT		-				
	> 1	1 🗆 YES 2 NO		1 🗆 Inpatient 2 🗆		3 🗆 DOA	4 Nurs		e 5 🗆 Re	sidence 6	Other (Sp	xecify)
PHYSIC this ce with th	표	27. MANNER OF DEATH 1 ★ Netural 5 Pe	ndina	28a. DATE OF (Month, De		28b. TIM	E OF URY	28c. fNJ WO	URY AT RK?	28	d. DESCRI	BE HOW
DING PHYS After this death with	B	2 Accident fm	restigation				М	1 🗆 1		NO NO		
TTEND TOR: A after d	8		uid not be	26s. PLACE Of building,	etc. (Specify)	home, ferm, a	streat, facto	ory, office		261	City or To	on (Street own, State)
OR ATTENDING PHYSIC DIRECTOR: After this ce hours after death with ti Item 28 is marked,	COMPLETE	29a. CERTIFIER										
로 보다	<u>F</u>	(Check only		IAN: To the best of								
TO THE HOSPITAL TO THE FUNERAL SE filed within 72 IMPORTANT: If	S	2 MEDICA	L EXAMINER	On the basis of an	amination and	or investigation	n, in my or	olnion, de	eath occur	ed at the time	, data and	place, ar
THE H filed w	BE	296. SIGNATURE AND TITLE O	CERTIFIER	0 1	4.				29c. LICE	NSE NUMBER	1	
5 5 3 W	2		fu	eut, 1	WS.		111		<u>D</u>	2146	Y	
	- 1	30. NAME AND ADDRESS OF P	_	COMPLETED CAUS	E OF DEATH (TEM 27) (Type.	Print)	0.	_	0		
7			322/8	mo.	350	or B	one	5	/	BAL	To,	nu
71		AUG 1 2		32. REGISTRA	T DENAME	n-hond	100	-			-	
/	- 1	MOGIA	1000	0	1.00.00		1,14	ps.				

Remmey

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

2. DATE OF DEATH DAY - 1996AR 1:40 P. M 8. BIRTHPLACE (State or Foreign New Jersey 9c. COUNTY OF DEATH Baltimore City 10d. INSIDE CITY LIMITS? 1 YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? USA s or No-14. RACE — American Indian, Black, White, atc. Specify: white ISINESS/INDUSTRY Unknown n Sumame) Malden vn. State, Zip Code) Balto, Md 21209 OCATION — City or Town, State rth East, MD ome MD 21211 iratory arrest, Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? N AUTOPSY 2 NO 1 TYES 2 NO INJURY OCCURED and Number or Rural Route Number, nner as stated. nd due to the cause(a) and manner as stated. 29d. DATE SIONED (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 96 23754

					Cert	ificate of	Death		Reg. No.) (.0104
Physician	_	1. Decedant's Nama (First, Middla, La	st)					2. Date of D	aath Day	Yaar	3. Time of Death
/Medical		Robert N. Ste				,		august	9 1	996	4:45 Pt
Examiner		4a. Facility Nama (If not Institution, giv	Contract of the second					r Location of Dea		of Death	
		Johns Hopkins					Baltin		N/A		
Funeral Director		5. Social Security Number 6. S 234 44 9625		ga (In yrs. lesi 64	Yrs.	Months Days			rth ey, Year) 32	9. Birth	piece (Stete or Foreigntry) rginia
8	- 1-	Usual Residence of Decedent 10a. State 10b. County		10c City T	own or Loca	ation					Od Incide City I legis
of a		Md. N/A			timor						10d. Insida City Limit
or 28a-f s be notified Director						_	4				
23a or 3		10e. Street and Number 617 South Chap	el Street	:		10f. Zlp Code 2123	1		10g. Citizen of V		ntry?
r items 23s		11. Marital Status	12. Was Decedant Armed Forcas	Evar in U,S.	13. W	as Decedent of Yas, specify Cul	Hispanic Origin? can, Mexican, Pur	(Specify Yas or Narto Ricen, etc.)	o- 14. Rac	e - Americk, White,	can Indian, etc.
Erson H	5	1 Nevar Married 2 Married 3 Widowed 4 Divorced	1 □ Yes 2 □ If Yas, Give Year or Dates:	No		☐Yes 2☐No				Whi	
ygiene. ner than "natura nt, the Mexical I		15. Decedent's Ed (Specify only highest gra	ducetion	1	6a. Decede	ent's Usual Occu	pation during most of weed)	ndina	16b. Kind of B	usiness/in	dustry
ng le		Eiementary/Secondary (0-12)	Coilega (1-4or	5+)			ed)	rorking	Constru	otic	m
CO Part	5	Unknown			Car	penter	_				
d oth	3	17. Fathar's Name (First, Middle, Last, Harry Steele						eme (First, Middle Blackh		10)	
Ment Brite	2						Nancy				
Department of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 23s-f show important: If item 27 is marked other than "natural in a limit of the mortised at page. To Be Completed by Funeral Director		19a, Informant's Name/Relationship (Peggy JUne McGee	, Daughter		19b. Meiling 2418	Address (Stree Orleans	Street	Balto.,	Md. 2122	Stete, Zip 24	Code)
of He day		20a. Method of Disposition		20b. Plac	e of Dispos	itlon (Neme of etory or other pla	ace)	Date	20c. Location -	City or To	own, Stata
T: H		1 Burial 2 Cremation 3 C 4 Donation 5 Other (Specif		9		wn Ceme		8-12-96	Marriot	ttsvi	lle,Md
ortar Inju		21. Signature of Funeral Sarvice Licer									
Important lands		D (1) 0 4	holie					& Son I			
	+	22a Part 1 Enter the disease or com	plications that course	d the death. I				Balto.,			Approvimete
- 1	1	23a. Part1. Enter the disease, or com shock, or heart failure. List only	one cause on each i	iine.	DO HOT ATTIAL	i the mode of dy	ilig, soon as card	iac or raspiratory	arrest,	1	Approximate Interval Between Onset and Death
ysician Aedical	1	Immediate Cause (Final	0							1	
aminer	1	disease or condition resulting in death)	a. B.	rain							8hrs
6	5			Due to (or es	s a consequ	ence of):					
in end ial-transit Examiner			b. ————	Due to /es es		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1	
Exa		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury		Due to (or as	s a consequ	ence or):				1	
ng physician end as the burial-transit		Cause. Enter Orderlying Ceuse (Diseese or Injury that initieted events	C	Due to fee as		of).					
physicians the burner edical	3	resulting in death) Last		Due to (or as	a consequ	ence or):					
use a			d		<u> </u>						
by the ettendiretached for use		Part II. Other plantitions a conditions of			- In all in one	to the second	Same to David I	anh Die	l As bases were as		
ed by the detached		Part II. Other significant conditions of	ontributing to death i	out not rasumir	ng in tha und	anying causa g	van in Parti.				o the cause of deal
y P								_ 1	Yes 2 No	3 Pro	bebly 4 Unkno
should be det								24a. Wa	s an autopsy	24b. W	ere autopsy finding
page 2 should								per	ormed?	CC	vailable prior to empletion of cause
8 0										of	death?
S pag								10	Yes 2 No	1	Yes 2 No
s certificate he director, page		25. Was case referred to medical examiner?	Hospital:				hor	eath (Check only			
2 2 1		1 Yes 2 No	1X Inpati		/Outpatient	3LI DOM		Homa 5 Ras			fy)
Directions: After the funeral contributions Certification:		27. Manner of Death 1 Metural 5 ☐ Pending	28a. Ďate of Inj (Month, De	ey Year) 28	b. Time of Injury		ury at ork?	28d. Describe	how injury occur	Ted	
the part		2 Accidant investigation 3 Suicide 6 Could not b	•				Yes 2 No				
		4 ☐ Homicide determined	ZOU. FIACE UI III	ijury - At home tc. <i>(Specity)</i>	, farm, stre	et, factory, office			(Street end Numt own, Steta)	oer or Hur	al Route Number,
edical		29e. Certifier (Check only one) Certifying Ph 2 Medical Exar	ysician: To the best niner: On the basis of and manner s	of examination	dge, deeth o and/or inve	occurred at the testigation, in my	lme, date and pla opinion, daath oc	ce, and due to the curred at tha time	cause(s) end mo , date and place,	and dua t	stated. o tha cause(s)
1 ×		29b. Signature and title of certifier				29c. Licer	sa number		29d. Data signe	d (Month,	Day, Year)
25000		Alon M	D			90	8319		August	G	1991
.7.	1	30. Name and address of people who	completed ceuse of	death (Ham or	a) /Time P		0 - 1		ringus !	7)	1116
10			completed ceuse of	ueairi (item 23			111	Hasai	+1		
	+	Jonas Gopez 31. Date filed (Month, Dev, Year)	A 20 Dariot	rer'e Cianet	10	nns F	opkins	Hospi	141		
State Registrar		AUG 1 2 1996	32. Regist	nais signatur	02						
ricgistiai		MUUI LA 1330	/								

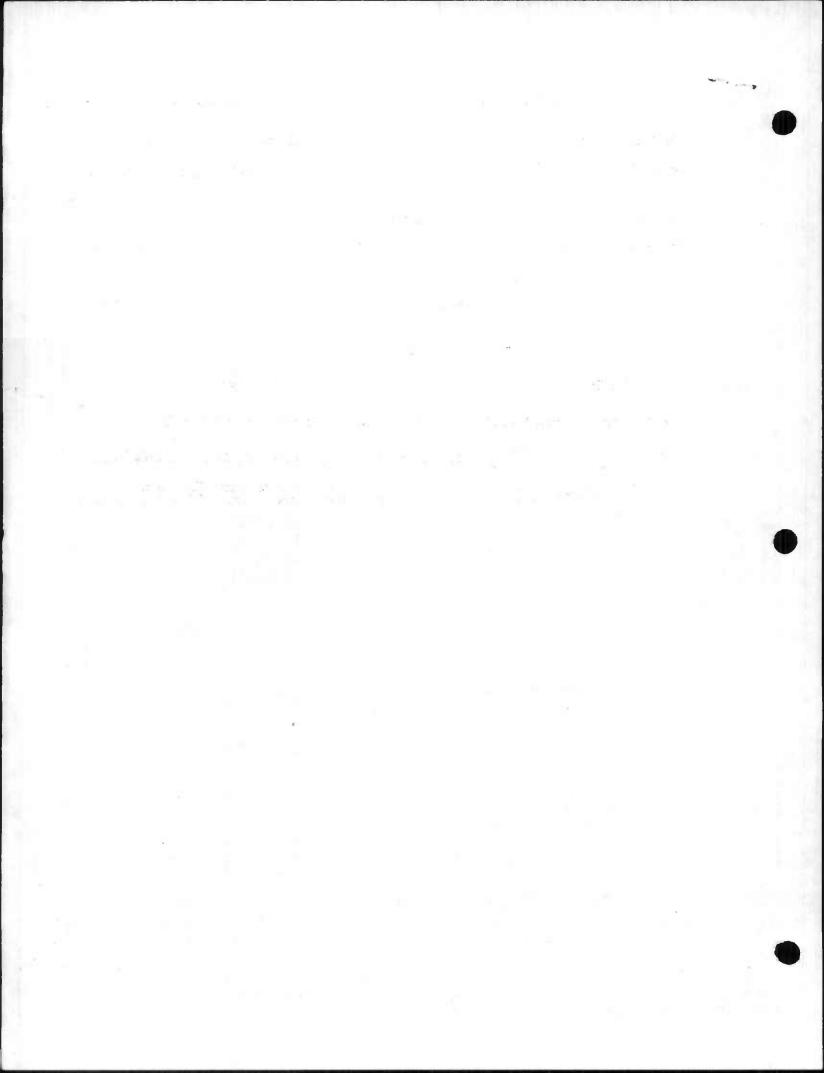


State of Maryland / Department of Health and Mental Hygiene 23755 Certificate of Death 1. Decadent's Nama (First, Middle, Lest) 2. Date of Death **Physician** Edwin T. Steffy Jr. 1996 August 5:07 P.M. /Medical 4a. Facility Nema (If not institution, giva street end numbar) 4b. City. Town, or Location of Death 4c. County of Deeth **Examiner** 36 Poultney Street Baltimore N/A 5. Social Sacurity Number If Undar 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yaar July 2, 1922 7. Aga (In yrs. lest birthday) **Funerai** 9. Birthplace (Steta or Foraign Country) Deys Hours 1 □X M 2 □ F 219-14-0293 74 Yrs. Director Usual Rasidance of Dacedan the Maryland 10a State 10h Counts 10c. City, Town or Location 7 is marked other than "natural", or itema 23a or 28a-f show treumstic event, the Medical Examiner must be notified at 10d. inside City I lmits 1 Yes 2 No Director Maryland N/A Baltimore 10f. Zip Coda 21230 10g. Citizen of What Country? U.S.A. 10e. Street and Number 36 Poultney Street Funerai 12. Was Decedant Evar in U,S. Armed Forcas? 1 Yas 2 No Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, spacify Cuban, Mexican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 11 Marital Status 72 hours aftar 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 if Yas, Giva Yaar or Datas: WW II 1 ☐ Yas 2 ② No Specify: Specify: White 2 3 Widowad 4 Divorcad Completed 16a. Dacedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Dacadent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) permit. Peges 1 and 2 should be filed wi Department of Health and Mental Hygiens Important: If item 27 is marked other that any injury or other treumetic event Attorney Law 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumeme) Be Edwin T. Steffy, Sr. Anne Marie Byrnes 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) Quentin Parker (Personal Rep.) 113 West Lee Street Baltimore, Maryland 21201 20b. Placa of Disposition (Nema of camatary, crametory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removal from Stete New Cathedral Cemetery 4 ☐ Donation 5 ☐ Othar (Spacify) August 13, 1996 Baltimore, Maryland 21. Signatura of Empril Service So 22. Nama and Addrass of Facility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrast, shock, or heart failure. List only one ceuse on each line. Approximata intarval Between Onsat and Death **Physician** /Medical Immediata Causa (Final MYOCHOMIAL INFANCTION disease or condition rasulting in death) **Examiner** Examiner The law requires that the death certificate be executed attending physician end for use as the buriel-tran Sequantielly list conditions, if any, leading to immadiata cause. Entar Undarfying Cause (Disaasa or injury thet initiated events rasulting in daath) Last Dua to (or es a consequance of): Box 68760, Physician/Medical the Dua to (or es e consequence of) P.O. 1 signed by the a Part il. Other significant conditiona contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Ves 2 No 3 Probably 4 Unknown Records, by Completed 24b. Wara autopsy findings available prior to completion of causa of daath? 24a. Wes an autopsy parformad? certificate has paga 2 1 Yes 2 No 1 Yas 2 No Division of Vital or Attending Physician: Be 25. Was casa refarrad to medical 28. Placa of Daath (Check only one) Hospital: 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 2 1 Yas 2 10 No As after dea... 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred Certification: 28c. Injury at Work? 5 Panding Investigation 1 Naturel 1 ☐ Yas 2 ☐ No 2 Accident 3 Sulcida 6 Could not be 28a. Placa of injury - At homa, ferm, straat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rurel Routa Number, City or Town, Steta) 4 T Homicida Hospital 24 hours 29a, Certifier 10 Certifying Physician: To tha best of my knowladga, death occurred at the time, deta and placa, end due to tha cause(s) end mennar as stated.
2 Medicat Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceusa(s) and manner steted. Medical To the Hosp within 24 hou To the Fune completely fi (Check only one) 29b. Signeture and title of certifia 29c. Licensa number 29d. Deta signed (Month, Dey, Year) D18640 30. Name and eddress of parson who complated causa of daath (Item 23e) (Type, Print) 1147 S. HANOVER 105NER MO AL (

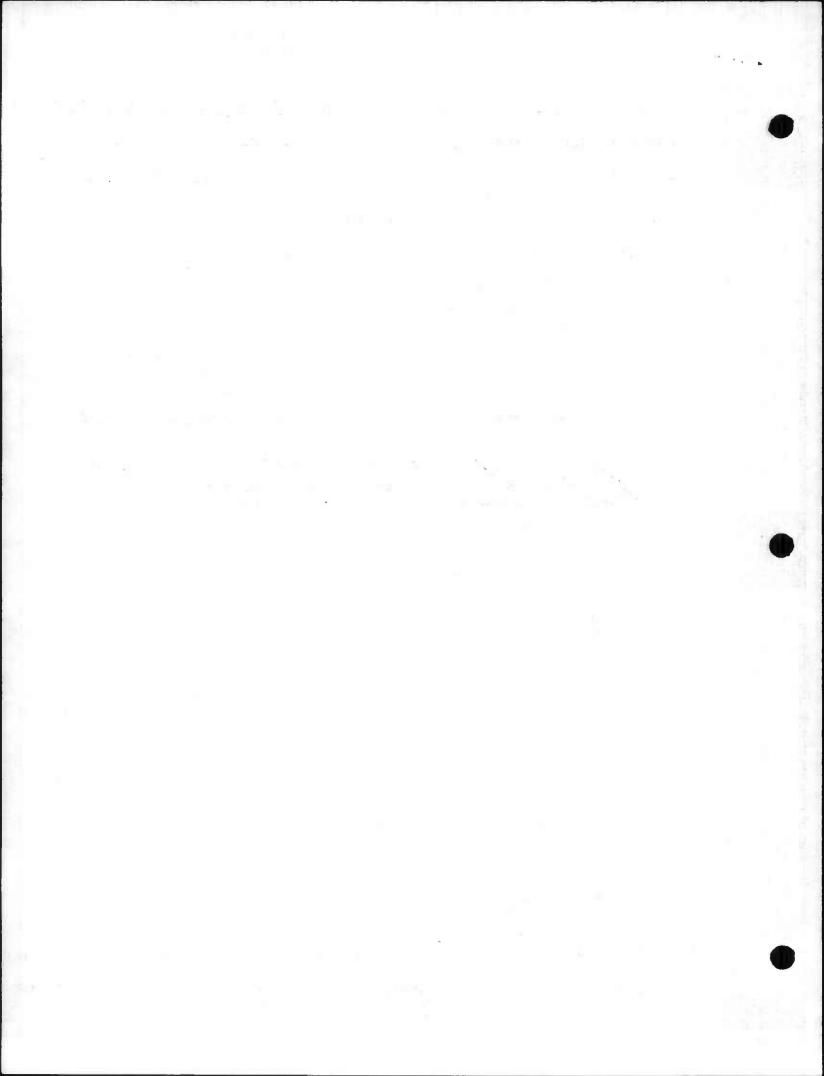
32: Registrar's Signature

DHMH 16 Rev 6/95

State Registrar 31. Data filed (Month, Day, Year)

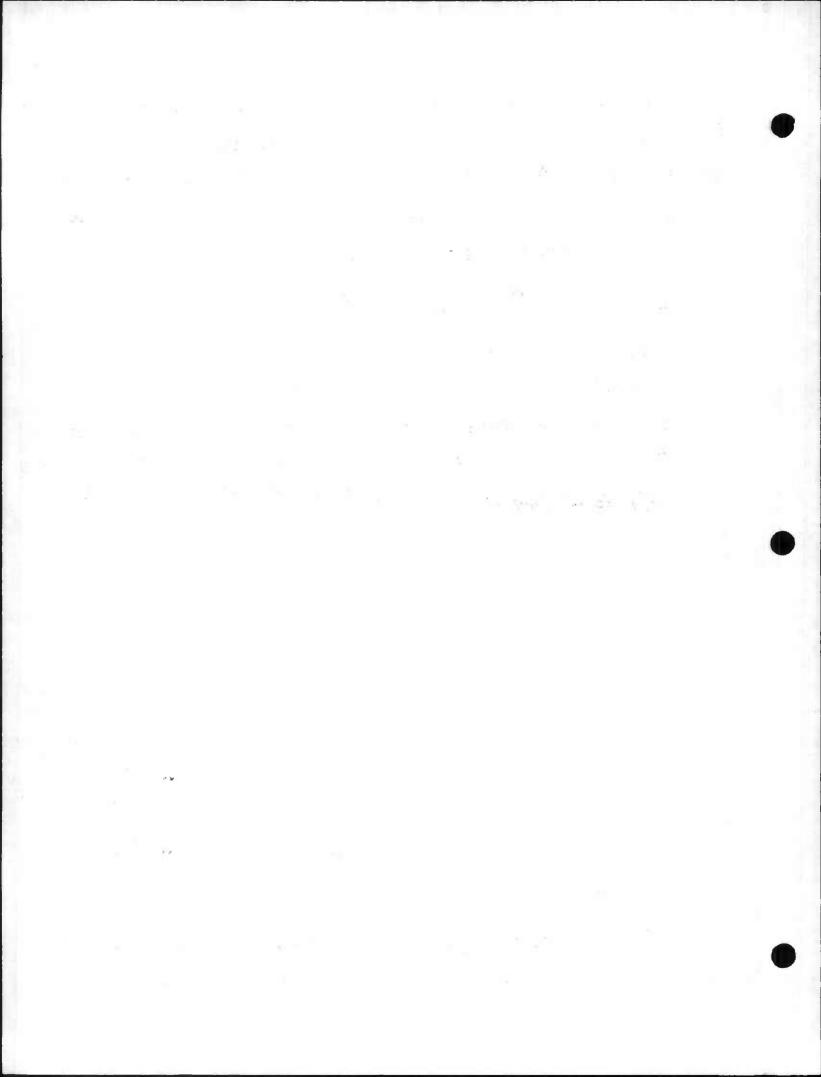


				State of Ma	ryland	Certific			мептат ну		6 23/56
	7.7		1. Decedant's Nama (First, Middla, Lu	nst)		Cortino	210 01	Douth	2. Data of De		3. Tima of Death
	Physici /Medic		KATHERIN	E	L.	(SPE	NCE	AUGUS.	T 9 1	996 96 37 PM
	Examir		4a. Facility Nama (If not institution, gir					4b. City, Town, or		h 4c. County	
		ч	Good Samaritan H		0- · · · t- · ·	Link at 1 Hills	dar 1 Yaar	Baltim			N/A
	Funeral Director			Sex 1□M 2⊠F	71	Yrs. Montl		If Undar 24 Hrs Hours Min		19. Year) 19. 1925	9. Birthplaca (Stata or Foreign Country) Maryland
	yland		10a. Stata 10b. County		10c. City, T	own or Location					10d. Insida City Limits
	Mar Mar Milled	ctor	Md. Baltin	ore		Cato	nsvil	le			1 ☐ Yes 2 € No
	th with the Marylan 23a or 28a-f show	al Director	10e. Street and Number 2 Hoffield Cou	ırt		10f.	Zip Coda	21228		10g. Citizan of V	Vhat Country?
020	should be filed within 72 hours efter death with the Maryland nd Mental Hyglene. marked other than "natural", or items 23e or 28e-f show umafic avent, the Medical Exeminer must be notified at	by Funeral	11. Maritai Status 1 ☐ Navar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Was Decedant E- Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:	ver in U,S.		cedant of I pecify Cub	lispanic Origin? (an, Maxican, Pua Specify:	Specify Yas or Norto Rican, atc.)	14. Rac Blac Specify	e - Amarican Indian, ck, Whita, atc. :: White
2-00	72 hours "natural",	ted	15. Decedent's E (Specify only highest gr	ducation	1	6a. Decedant's U	suai Occup	pation during most of wo	orkina	16b. Kind of Bu	usinass/Industry
121	yithin jiene.	Be Completed	Elementary/Secondary (0-12)	College (1-4or 5+)	lifa. DO NO		d) auring most of wo	orking	Orm 1	Homo
d 2	be filed withintal Hygiene. d other than avant, the M	O O	12 17. Fathar's Nama (First, Middla, Last)		Homem	aker	18. Mothar's Na	ıma <i>(First, Midd</i> la	OWN]	
ılan	Aental Aental rked c	To B	Leo Gallion						ne E. Da		
Baltimore, Maryland 21215-0020	permit. Peges 1 and 2 should be filed a Department of Heelth and Mental Hygie Important: If item 27 is marked other any injury or other traumatic avant, the once.		19a. Informant's Name/Raiationship (Stephen N. Spend	Type, Print) ce (Son)	1	9b. Meiling Addr 5224 Man	ass (Street Chest	and Number or Fi er Way	Bural Route Numb	er, City or Town, Maryla	Stata, Zip Code) nd 21227
nore,	Peges 1 annent of Heernert: If item		20e. Mathod of Disposition \$\begin{align*} 2		cema	of Disposition (or other pla		Data		City or Town, Stata
altin	artme ortami injury		4 Donation 5 Other (Special 21. Signature of Donatal Service Lice		wood.					woodlaw	n,Maryland
ñ	permit. Departr Importa any Inje		> Richard	Jum				neral Ho ndson Av		consville	e,Maryland
			23a. Part1. Entar tha disaasa, or com shock, or heart failure. List only	plications that caused to one cause on each line	ha daath. D						Approximata Intervel Between
	Physician /Medical		Immediata Ceusa (Finel	11	, <u>, , , , , , , , , , , , , , , , , , </u>	N T	0	100	.1001	^	Onsat and Death
4	Examiner		disaasa or condition resulting in daath)	· MET		a consequence		ARCI	NOM	H	
3,	P #	Iner		h	55 10 (01 45	a consequence	<i>3</i> 17.				
	icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	D	ua to (or as	a consequance	of):				
68760,	ysiciar ne buri	edicai	that initieted evants	¢	ua to (or as	a consequence o	nf):				
	entifica ling ph		rasulting in daath) Last	d		Var. 10. 10. 10. 10.					
Box	eath certif ettending for use e	Physician/M		u.							
0	that the de ed by the deteched	nysk	Part II. Other significant conditions of	contributing to death but	not rasultin	g in tha undarlyin	g causa gi	van in Part f.			ntribute to the cause of death?
0	es that the igned by be detected	by Pt							. 10	Yes 2□ No	3 ☐ Probably 4 ☑ Unknown
of Vital Records,	been s should	Completed t								an autopsy ormed?	24b. Wara autopsy findings available prior to completion of causa of death?
æ	0 - 2	E O							10	Yas 2×No	1 □ Yas 2 No
/ita	ysicien: The s certificate director, pag	Bec	25. Was casa rafarrad to medical axaminer?					26. Placa of De	eath (Check only	ona)	
of V	Physician: this certific ral director,	우	1 Yas 20 No	Hospital: 1 Hopatient			DUA		Homa 5 ☐ Rasi		
ion	After fune	atlon:	27. Mannar of Death 1 Natural 5 Panding 2 Accidant invastigatio	28a. Data of Injury (Month, Day)	Year) 281	b. Tima of Injury M	28c. Inju	yat rk? Yas 2 □ No	28d. Dascribe	how injury occurr	red
Division	To the Hospital or Attend within 24 hours after death To the Funeral Director:. completely filled in by the	Certification:	3 Suicida 6 Could not b 4 Homicida detarmined	28a. Placa of Injur building, atc.	y - At homa (Specify)	, farm, straat, fac	lory, office		28f. Location (City or To		er or Rural Routa Number,
	To the Hospital or At within 24 hours after or To the Funeral Direct completely filled in by	edical (29a. Certifiar (Check only one) 1 ☐ Certifying Pt 2 ☐ Medical Exer	nysician: To the best of niner: On the basis of a and mannar state	xamination	ige, death occurr and/or invastigati	ed at the ti	me, dete and place epinion, daath occ	a, and dua to tha urred at tha tima,	causa(s) and ma data and place,	annar as stated. and dua to tha causa(s)
	To th Within To th	Me	29b. Signature and titla of certifiar		<u>k</u>	7	29c. Licans	a number		29d. Data signed	d (Month, Day, Year)
			Meen	Upta	M	.D - 1	200	1302	-	AUGUS	T9, 1996
	20	Ì	30. Nema and addrass of person who	complated cause of dec	oth (Item 23			^		7	
			NEERO GOP 31. Data filed (Month, Dey, Year)	A M.D	5 Sancular	601 1	-0 CH	KAVE	EN BO	NLEVA	IRD BALTIMORE
	Sta Registr		ALIC 1 2 1996	32. Registrar	Marion						



State of Maryland / Department of Health and Mental Hygiene 0.6

				Otato or W		Certificate of			leg. No.	0 2	3/5/
	Physic	an	1. Decedent's Nama (First, Middle, La	,	1 . 205			2. Date of Dea Month		Year	3. Time of Death
J	/Medi			L. STER				AUG	11 15	996	2:10 Am
À	Exami	ner	4a. Facility Nama (If not institution, given ST. AGNES HO)		4b. City, Town, or Lo			of Death	
ŀ	Funanci				ga (In yrs. last birth	day) If Undar 1 Yaar	BAL If Under 24 Hrs.	TIMORE	N/		e (State or Enraine
	Funeral Director		212 09 0372 Usuai Residence of Decedent	MM 2DF		Months Days	Hours Min.	8. Data of Birth (Month, Day JUL 21		Country) MARYL	e (State or Foreign) AND
	how I		10a. State 10b. County		10c. City, Town	or Location				10d.	inside City Limits
	Ba-fs	Director	MD. N/A		BALT	IMORE					1 Yes 2 No
	or 2		10e. Street and Number	IID am amp		10f. Zip Code		1	log. Citizen of V	What Country	?
	a 23a	eral	329 N. LYNDH			21229			U.S. 0		4
21215-0020	hin 72 hours efter deeth with the Marylend b. natural', or flerns 23a or 28a-f show Med cel Examinet must be notified at	by Funeral	11. Marital Status 1 Nevar Marriad 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces 1 KYes 2 ☐ If Yes, Giva Yaar or Dates:	No 1943-	13. Was Decedant of H If Yes, specify Cubs 1 ☐ Yas 2 ☐ No		ecity Yas or No- Rican, etc.)	Specify		
5-0	72 ho	eted	15. Decedent's E	ducation	16a. C	Decedant's Usuai Occup Give kind of work done	ation during most of work	ina	16b. Kind of B	BLA(usiness/Indus	
121	within iene. then	Completed	Eiamantary/Secondary (0-12)	Coilege (1-4or	5+)	life. DO NOT use retired	d)		7117		
d 2			6TH 17. Father's Name (First, Middle, Last	NONE		MECHANIC	18. Mother's Name		TYPEWR		CO.
lan	ed in b	To Be	UNKNOWN				UNKNO		waiden duman	14)	
Maryland	d 2 should th and Mer 7 is merke traumatic	-	19a. Informant's Name/Raiationship (Type, Print) T	AW) 19b. I	Mailing Address (Street			r, City or Town,	State, Zip Co	xde)
	and 2 seith a n 27 la		MINNIE STERLING	G(DAUGHT		902 BOWER	SAVE	DATTT	MODE M	A D 37T A	ND 0100
ore	OF T P		20a. Method of Disposition 1 Buriai 2 □ Cremation 3 □	Ramovai from State	20b. Place of I cematary,	902 BOWER Disposition (Name of cramatory or other place	Ce)	Date	20c. Location	ट्रांग्रे में स्थित	ND 2120
Ei	. Pag ment bant: jury		4 ☐ Donation 5 ☐ Other (Specif	(v)	ARBUTU	IS MEM. PA	ARK 8/15	/96 B	ALTIMO	RE, M	MARYLAND
Baltimore,	permit. Page Department of Important: If any Injury or ance.		21. Signature of Funerai Service Lice	LEWIS	T. GWYN	22. Nama and Addre	ss of Facility GWYNN				
	40100		23a. Part 1. Enter the disease, or com shock, or heart failure. List only	Levymo		4517 PA	RK HEIGH	ITS AVE	AL HOM	E ZI.	215
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	ona diuse on each i	d the death. Do no ina.	t entar the mode of dyin	ng, such as cardiac	or respiratory arr	ast,	Int	proximate tervai Between nset end Death
	Physician /Medical		Immediate Cause (Finai		SEPSIS						
	Examiner		disaasa or condition resulting in death)	a	Due to (or as a co						4 DAY)
	D #	ner			SPIFATI	0	JMONIA				4 OXYJ
	cata be axecuted physician and s the burial-trensit	Examiner	Sequentially list conditions,	b	Due to (or es a co	nsequenca of):					
60,	be ax iclan burial		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury	c	EREBRO 1	MASCULAR	ACCI BE	NT			5 pays
68760,	tificata be axecuted g physician and es tha burial-trensit	edical	that initiated events resulting in death) Last		Due to (or es a co	nsequence of):					
		N/u		d				<u> </u>			
P.O. Box	iclan: The lew requires that the deeth cer certificate has been signed by the attendir irector, page 2 should be detached for use	Physician/M	Part ii. Other significant conditions of	ontributing to death b	ut not resulting in t	he underlying cause giv	en in Part I.	23b. Did to	obacco use co	ntribute to th	e cause of death?
P.0	et the	Phy	DEMENTIN					1 🗆 Y	es 2□ No	3 Probeb	ly 4 Unknown
ŝ	signer bed	by									
0.00	requi	Completed						24a. Was a perfor		avaiial	autopsy findings ble prior to letion of cause
Rec	hes b	mpl								of dea	ith?
Division of Vital Records,	n: The		or Means of the desired					1 U Y	as 2 No	1 🗆 Yı	es 2 No
5	Attending Physician: or death. ector: After this certific by the funeral director,	To Be	25. Was casa refarred to medical examiner? 1 Yes 2 No	Hospitai: 1 ☑ Inpatid	ent 2 ER/Outp	atient 3 DOA Oth	28. Piace of Death er: 4 ☐ Nursing Ho			(04.1	
10	g Phys er this seral di		27. Manner of Death	28a. Dete of inju (Month, Da	ry 28b. Tin	ne of 28c. Injury	4 Li radising no	28d. Describe h			
Sio	auth. wr. Aft	atlo	1 ☑Natural 5 ☐ Pending 2 ☐ Accidentinvestigation	1	y Year) Inju		Yes 2 □ No				
Ž	r Atter de lirecte	Certification:	3 Suicide 6 Couid not be determined	28e. Piaca of tnj building, et	ury - At home, fam c. (Specify)	, street, factory, office		28f. Location (Si City or Town	treet and Numb n, State)	er or Rural Ro	oute Number,
Ω	oltal o		22. 2.45								
	To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: After this certific completely filled in by the funeral director.	edical	29a. Certifier 1 ✓ Certifying Ph (Check only one)	ystcian: To the best niner: On the basis of and manner st	t exemination and/	deeth occurred at the tim or investigation, in my of	ne, dete end plece, a pinion, death occurr	and due to the c ed at the time, d	ause(s) and ma lete and place,	inner as state and due to the	d. e cause(s)
	ompl	Me	29b. Signature and title of certifiar	4		29c. Licanse	e number	2	9d. Date signe	d (Month, Da)	y, Year)
			I la bonto	Konkushe	MD	46	,704		AUG	11	1996
	6		30. Name and address of person who	completed cause of d	leath (item 23a) (T					-	
	1019		MUTOMBO			ST AGNE	s Hos	PITAL	BLT	MD	>
	Sta Registr		31. Data filed (Month, Day, Year) AUG 12 1996	32. Registr	ar's Signatura	della					



State of Maryland / Department of Health and Mental Hygiene

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						Cei	rtificate o	f Death		Reg. No.	0 2	.3730
Phys	sician	_	1. Decedent's Name (First, Middle,		**				2. Data of De		Yaar .	3. Time th
	edical	ı.	HAROLD	DEA		U	LLOM		Month Augus		1996	11:06 az
Exa	miner	4	ta. Facility Name (If not institution, g Frederick M			7		4b. City, Town, or Freder		128 23910	y of Death	
		٩,					If Under 1 Ya				Freder	
Fune Direct			5. Social Security Number 287 – 20 – 3031 Usual Residence of Decedant	Sex 7	6 9	Yrs.	Months Day			** 19 26	9. Birthpla Count OH I	ice (Stata or Foraigi
puel wo		-	10a. State 10b. County		10c. Cit	ty, Town or Lo	cation		V*		10	d. Inside City Limits
Mary February	į	5	OH Morro	W	Mt	. Gil	ead					1 Nas 2 No
r 28a	Te C	3	10e. Street and Number				10f. Zip Code	9		10g. Citizen of	What Count	y?
th wit	O ie	3	33 Bank Stree	t			4333	8		U.S.	Α.	
Maryland 21215-0020 td 2 should be filed within 72 hours after death with the Marylend the and Mental Hyglene. The marked other than "naturef, or items 23s or 28s-7 show traumatic event, the Medical Exercise must be notified at	by Funeral Director	5	Marital Status Never Married 2 Married Widowed 4 □ Divorced	12. Was Daced Armed Ford 1 1 Yes 2 If Yes, Give Yaar or Dat	eas? 2 □ No		Was Dacedent of Yas, specify Ci	f Hispanic Origin? (uban, Maxican, Pua lo <i>Specify:</i>	Specify Yas or Norto Rican, etc.)		ca - Amarica ick, White, e fy: Whi	tc.
72 hours			15. Decedent's (Specify only highest)	Education		16a. Deced	lent's Usuai Occ	cupation na during most of we	netina	16b. Kind of 8	Business/Indu	ietry
and 21215-(be filed within 72 h ttal Hygiene. d other than "netu	noie		Elementary/Secondary (0-12)	Coilege (1-	4or 5+)	life. I	DO NOT use reti	ired)				
led w	ပိ		12	-41		Prin	res	s operat		Newsp		
Aaryiand 212 2 should be filed with end Mental Hygiene. Is merked other ther summit event, tre	Be		7. Father's Name <i>(First, Middle, La</i> Chester Dale						me <i>(First, Middle</i> elle Fr		me)	
Maryica d 2 should th end Mer 7 is marke traumatic	10		19e. Informant's Name/Relationship			10h Mailie	a Address (Ctes	eet and Number or F			04.4- 7:-4	2-4-1
Ma d2 s th en 7 ls i		- 1	elma Ullom/ W					t. Mt. 0				2006)
Peges 1 and 2 ment of Health ant: If New 27 I ury or other tri		2	20a. Mathod of Disposition		20b. P	Placa of Dispo	sition (Name of		Date	20c. Location	- City or Tow	m, State
SAITIMORE, semit. Peges 1 ar Separtment of Hea mportant: if New 2 my Injury or other			1 Burial 2 Cremation 3 4 Donation 5 Other (Spe	Removal from Si	tate No	rth C	entral entral on Ser	vice	8/12	Mansfi	eld,	OH.
permit. Peges Department of Important: If it any Injury or or	#	1	21. Signature of Funeral Sarvice Lic		01			dress of Facility				
D SOES	OUC.			(dala	Λ	7		g Asntor ondson <i>I</i>				
		+	23a. Part1. Enter the disease, or co shock, or haart failure. List on	mplications that cau	used the deat	011						Approximate
Physicia	an l		snock, or haart failure. List on	ly one cause on eac	cn line.							nterval Between Onset and Death
/Medic			Immediate Cause (Fine)	Arter	ioscle:	rotic	Cardiova	ascular Di	isease		ì	Years
Examin	4.		resulting in daath)	8	Due to (o	or as a conseq	uenca of):					
p ±	in a			b.							i	
certificate be executed ording physician and use as the burlel-transit	Examiner		Sequentially list conditions, fany, leading to immediate		Due to (o	r as a conseq	uence of):				1	
ifficate be exagging a physician as the buriel			Sequentially list conditions, fany, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	C								
icate phys	Medicai	r	resulting in death) Last		Dua to (or	r as a consaq	uance of):				i	
eath certifica attending ph				d								
death e atten	icia	P	Part II. Other significant conditions	contributing to doe	th but not one	ulting In the u	adorbilos coucos	given in Dart I	22h Did	tohanna uma a	antelbure to t	the cause of death1
S t to	Physician/		artin anno agrillouit conditions	CONTRIDUCTING TO GOD	an out not rest	uning in the di	idenying cause:	given in Faith.		Yes 2 No		bly 4 Unknow
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ne law requires that the shes been signed by the toe 2 should be detached.	20									an autopsy		e sutopsy findings labla prior to
2 s s s s	Completed	-							,		com of de	pletion of cause path?
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ysician: The	Be		25. Was casa raferred to medical axaminer?					26. Placa of De	ath (Check only	one)		
Physician: Tithis certificate ral director, pa	P	L	1 No 2 No	Hospital: 1 🗆 Ing		ER/Outpatien	I SLI DOA		Homa 5□Ras	Idance 8 Dot	her (Specify)	
	0	2	7. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of (Month,	Injury Day Year)	28b. Tima of Injury	28c. In W		28d. Describe	how Injury occu	rred	
Attending r death. ctor: Afte by the fune	cat		2 Accident Investiget 3 Sulcida 8 Could not	he				☐ Yes 2☐No				
or Attending effor death. Director: Affei d in by the fune	Certification:		4 ☐ Homicide determine	d Zee. Place of	f Injury - At ho , etc. (Specif)		et, factory, offic	20		(Street and Num wn, Stete)	ber or Rural	Route Number,
To the Hospital or Attent within 24 hours effor deat To the Funeral Director: completely filled in by the	edicai C	2	29a. Certifier 1 ☐ Certifying F (Check only one) 2 ☑ Medical Ex	Physician: To the beardiner: On the bas and manne	is of examinat	wiedge, death tion and/or Inv	occurred at tha reatigation, in my	time, date and piac y opinion, death occ	e, and due to the urred at the time,	cause(a) and m date and piece	anner as sta , and due to t	ted. he cause(s)
To the rithin ro the	M		9b. Signature and title of certifier				29c. Lice	nse number		29d. Date aigne	ed (Month, D	ay, Year)
6		-		RRO				9867		Aug	7	1996
IV	7	3	 Name and eddress of person when Dr. Robert R. 	•		, , , , ,	,	air Dood	Fredor	i ale Man	01701	-3319

32. Registrar's Signature

DHMH 16 Rev 6/95

State

Registrar

31. Date filed (Month, Day, Year)

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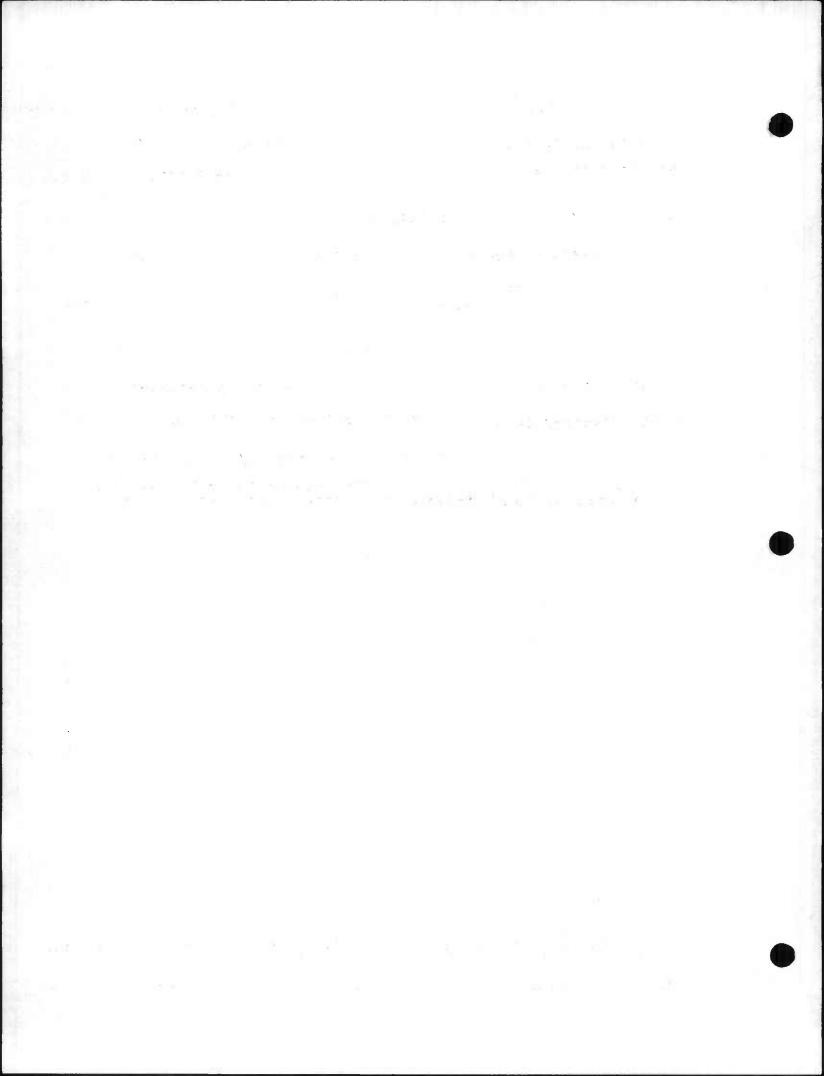
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Physic	ian	1. Decedent's Name (First, Middle,								2. Date of De		Yeer		me of Deeth
/Med		AMELIA C.								8	11	56	3	:30 Q.1
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Funeral Director		306-18-1965 Usuel Residence of Decedent	1□M 2) (7) F	76	Yrs.	Months				B. Date of Bir (Month, Da Jan. 9	,1920	9. Birthi	plece (Si nty) lana	tete or Foreign
dand dand		10e. Stete 10b. County		10c. City, 7	Town or Lo	cation							10d. insl	de City Limits
Man	tor	Md. Balti	more	Rei	ister	stowr	1						1 🗆	Yes 2 No
with the	I Director	10e. Street end Number 402 Valley	Meadow Ci	rcle Ar	ot T2		Code	6			10g. Citizen of	Whet Cou		
death me 2:	Funeral	11. Maritel Stetus	12. Wes Deceden	t Ever In U.S.					gin? (Spe	cify Yes or No Rican, etc.)		ce - Americ		en,
n 72 hours efter death with the Manyland "naturel", or flams 23s or 28s-f show exical Examiner must be notified at	by	1 ☐ Never Married 2 🏋 Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces 1 Yes 2 If Yes, Give Yeer or Detes	No		f Yes, spe 1 🗆 Yes	20		, Puerto I	Rican, etc.)	Specia	ick, White,	etc.	
d within 72 hours of giene. or then "neturel", or us Wedical Exam.	ted	15. Decedent's (Specify only highest)	Education	1	16a. Deced	dent's Usu	el Occu	petion during most	of workin		16b. Kind of B		-	
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should by nd Menta marked urnatic ev	To	19a. Informent's Neme/Relationship			19b. Mailin	a Addres	s (Stree				er, City or Town	State 7ir	Code)	21136
od 2 Fraging 27		Sherley Uhl	. (17,721111111111111111111111111111111111								T2, Reis			
or othe		20a. Method of Disposition	_		e of Dispo	sition (Na	me of	ace)		Date	20c. Location	- City or To	own, Sta	te
Fages ment of mrt. If No ary or o		1 ABuriel 2 □ Cremation 3 4 □ Donetion 5 □ Other (Spe		9		•		,	ug.	15, 19	96 Reis	terst	own	Md.
permit. Papes 1 ar Department of Hea Important. If Rem 2 any Injury or other once.		21. Signature of Funeral Service Lic	onsee H	-		. Name er	nd Addr	ess of Fecility	/	Chapel			-	1117
Physician /Medical		23a. Part Enturine disease, or oc shock, or hear failure. List on Immediate Cause (Finel	ny one cease on each	iii io.								1	Interve	dmete ol Between end Death
Examiner		disease or condition resulting in deeth)	е.	Due to (or ea				حىلاء	200	راب	- JA2	120		
D 25	ner			20010 (01 61	3 0 CO1136Q	uerice or).								
icete be executed physician and s the bunal-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	b. —————	Due to (or es	s e conseq	uenca of):								
perificete be executed ding physician and se es the bunal-transit	Medical	Ceuse (Diseese or Injury thet initiated events resulting in deeth) Lest	c	Due to (or as	a consequ	uence of):								
0 9 5			d											
0 0 0	Physician	Part II. Other significant conditions	contributing to death I	out not resultin	ng In the ur	nderlying o	ause gi	ven in Pert I.		23b. Did	tobacco uae co	ontribute to	the car	use of death?
law requires that the de es been signed by the e r 2 should be deteched f										10	Yes 20 No	3 □ Pro	bably	4 Unknowr
uires n sign	d by							_		24e. Wes	an autopsy	24b. W	ere auto	psy findings
w require	Completed									perfo	med?	CO	aileble p mpletion death?	rior to of cause
0 - 5	E O									10,	Yes 2□No	_		2 No.
lclen: The certificete rector, pag	BeC	25. Wes case referred to medical						26. Plece	of Death	(Check only o		10	7 103	2
5 00	To E	examiner?	Hospital: 1 ☐ Inpati	ent 2 ER	/Outpetien	3 DC	DA Ot	hor:	7 - 1111 - 1		dence 8 Oth	ner (Specif	y)	
Jing Ph h. After th funeral		27. Manner of Beeth 1 ☐ Naturel 5 ☐ Pending	28a. Dete of Inju	ury 28	b. Time of	2	8c. Inju	ry at	2	8d. Describe	how Injury occur	rred		
Attending or death. Sctor: After by the fune	catic	2 ☐ Accident Investigat	ion			М		Yes 2 N	lo					
efter d efter d Direct	Certification:	3 ☐ Sulcide 6 ☐ Could not 4 ☐ Homicide determine	d 286. Piece of in	jury - At home tc. (Specify)	, farm, stre	et, fectory	y, office		2	8f. Location (S City or Tox	Street and Numi vn, Stete)	ber or Rure	l Route	Number,
letely fill	edical	29e. Certifier (Check only one) 1 Certifying F	Physician: To the best aminer: On the basis of and manner st	f examinetion	dge, deeth end/or inv	occurred estigation	et the ti	me, date end opinion, deati	piece, e	nd due to the d et the time,	cause(s) end me dete end pleca,	enner es s end due to	tated.	use(s)
o o d o o	Me	29b. Signeture end title of certifier	1 ()		290	. Licen	se number			29d. Dete signe	d (Month,	Day, Ye	er)
. /		1. 00	1	Le	_	7	02	712	2		81.1	00		
In		30. Name end address of person wh	o completed cause of o	death (Item 23	le) (Type, F	Print)			,		0111	1,		
		(ITULG V	ncon		50	MA	~	5		Rei	- tuto.	un,	1	721136
Sta	ate	31. Date filed (Month, Dey, Year)	32. Registr	Dandson	Aanda	COC.								

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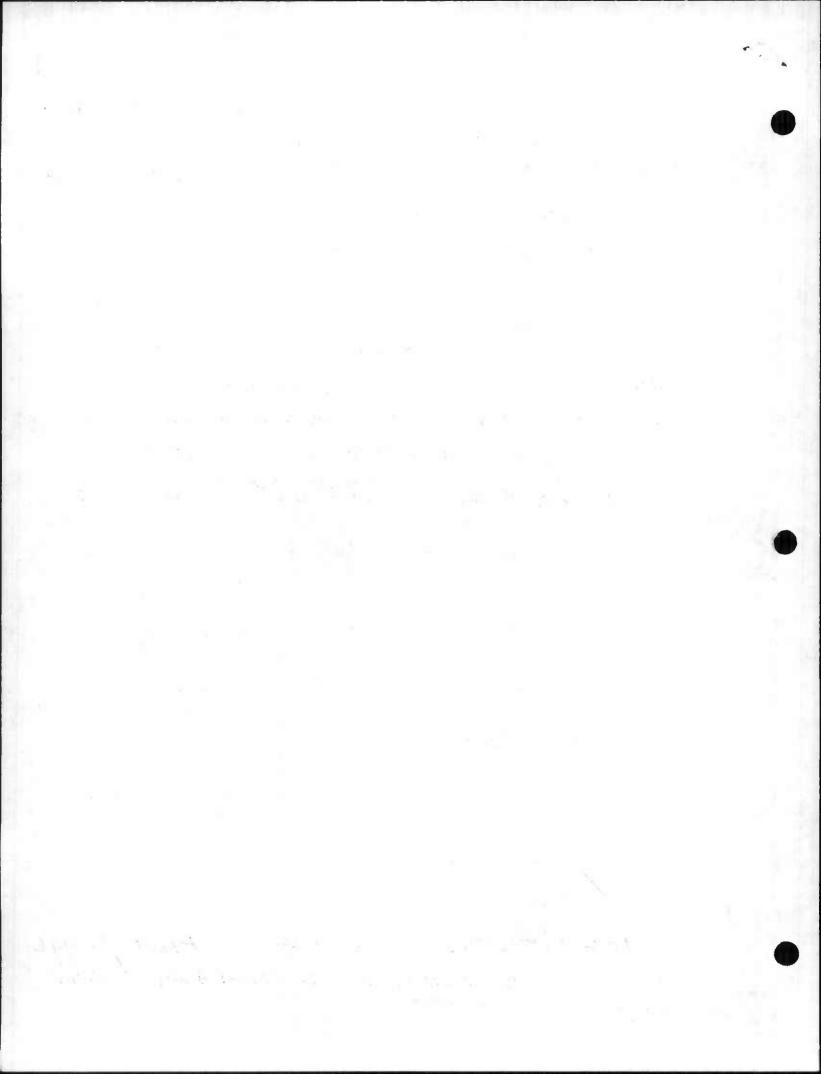
						Cei	tificate	of i	Death			Reg. No.	0	-0100	
			1. Decedent's Nama (First, Middla, Lu	ist)							2. Date of De	ath	M.S.	3. Tima of Death	Ī
	Physici		walter V	ischer.	-						Month	Day	Yeer 1996	1:56 AM	
	/Medic Examir		4a. Facility Nema (If not institution, gir					4	b. City, To	wn, or Lo	cation of Deat				-
	LAGIIII	iÇI	Bayview Medic	ral Cent	02				D-14			N/			
	Funeral	7			Age (In yrs. la	ast birthday)	If Undar 1 Y	ear	Balt					lace (State or Foreign	-
	Director			1 M 2□ F	74	Yrs.	Months D	ays	Hours	Min.	8. Data of Blr (Month, Da Dec 7	y, Year)	Coun	lace (State or Foreign try)	
			Usuai Rasidance of Dacedant								Dec 1	, 1321		N.Y.	-
	/land		10a. State 10b. County		10c. City	Town or Lo	cation						11	0d. Inside City Limits	-
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	the 28s	9	10e. Street end Number				10f. Zip Co	de				10g. Chizan of	What Coun	itry?	-
	with a	ā	5010 E. Hoffma	n C+roo	+		212		-						
	eath E23	era	11. Meritei Status	12. Was Deceder		12 1	1.			ala? /Sac	ocify Yas or No		SA e - Americ	an Indian	_
_	then then	Funeral Director	12 Nevar Married 2 Married	Armed Forca	s?		Yes, specify	Cube	en, Maxicar	, Puarto	Rican, atc.)		ck, Whita,		
21215-0020	8 9 9	by F	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Year or Datas			☐ Yas 2 🕽	No	Specify:			Specif	y: 5.73		
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an	od po	Be	Stanley Vische					Į							
2	d Me	P	19a. Informant's Name/Ralationship			40h Maille	- 4-1-1 (0)					riukevi		0-43	_
Maryland	d 2 s h an 7 is r	ļ	Debbie Vischer/									er, City or Town, ton, Md			
a)	Heali Heali Ther		20e. Mathod of Disposition	Miece	20h Pir		sition (Nama	_		- T	Data	20c. Location			_
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Baltimore,	permit. Pages 1 and 2 should be filled within 72 hours after death with the Manyland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, in a Medical Examinat must be notified at once.		4 Donation 5 Othar (Special	(y)	St		n's C					Queens			
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	Registr	ar	AUG 1 2 1996	/	_										



State of Maryland / Department of Health and Mental Hygiene

		Decedent's Neme (First, Middle, I				ertificate of			Reg. No.	0	23/61
Physic		Frank White						2. Dete of De Month	Dey	Yeer 1006	3. Time of Death
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and		Usuel Residence of Decedent 10a. State 10b. County		10c. City	, Town or I	ocation				1	Od Incide City Limits
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or is after	by F	1 ☐ Never Married 2 ☑ Merrled 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 I If Yes, Give	∑ No		1□Yes 2X No		,	Specif		
d within 72 hours aft giena. or than "natural", or in	ed	15. Decedant's I	Yeer or Dete	S:	16e Dec	edent's Usuei Occur	netion	-	16b. Kind of B		
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gas 1 and 2 should be filed to of Health and Mental Hygic if item 27 is marked other or other traumatic event,	Be	17. Fether's Neme (First, Middle, Las Moses Whittle					18. Mother's Nam Sarah A			ne)	
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nd 2 should be file th and Mental Hy 27 Is marked oth traumatic event		19e. Informant's Neme/Raiationship Hazel S. Whittle			1	ling Address (Street Windstre				Stete, Zip	
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permit. Pa Departman Important: any Injury		21. Signeture of Funerel Service Lice									
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pital or ours afte eral Dir filled in		20a Cartifler	valety *								
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To the Hos within 24 ho To the Fun completely	Me	29b. Signeture end title of certifier	C Indiniar :	V/410U.		29c. Licens	e number		29d. Dete signa	d (Month, L	Dey, Year)
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 23762

					Ce	rtificate of	Death		Reg. No.		
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	sician edical	(iladice V	Welsh					Augus		996	9:05 PM
\	minei	4a. Facility Neme (If not institution	•				4b. City, Town, o	Location of Death			
		Summit Nurs	ing Home				Catons			ltim	nore
Fune Direct		5. Social Security Number 281-48-0631	35.35	Age (In yrs. la:	st birthday) Yrs.	If Under 1 Yea Months Day	r If Under 24 Hr s Hours Mir	8. Date of Bir (Month, Da 06/17	th y, Year) /1895		plece (State or Foreign htry)
p .		Usual Residence of Decedent 10e, Stete 10b, County		40- Oh.	T						
aryla	١,		imore		Town or Lo	rille				1	0d. Inside City Limits 1 □Xyes 2 □ No
M ed M	Director	Balt	IMOLE	Car	CONSV						
ath with t	J. J. J.	10a. Street and Number 30 Maple Ave	nue			10f. Zip Code 2 1 2			10g. Citizen of V US		itry?
ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Maryland If Health and Mental hygiene. then 21 is marked other than "natural", or items 23e or 28e-1 show other traumatic event, the Medical Exeminer must be notified at	hv Funeral	3 12€Widowed 4 □ Divorced	12. Was Decede Armed Force ed 1 Yes 2 If Yes, Give Yeer or Date	es? [XNo	1	Wes Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☑ No	Hispenic Origin? (ban, Mexican, Pue	Specify Yes or No rto Rican, etc.)	1	e-Americ k, White, white	
2 ho	1	15. Decedent	s Education		16a. Dece	dent's Usuel Occ	upetion		16b. Kind of Bu		
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Maryland 12 should be file h and Mental Hy l's marked othe traumatic event,	To Be	17. Father's Neme (First, Middle, I	•				18. Mother's Na Veda R	ame <i>(First, Middle,</i> .andall	Meiden Sumam	θ)	
Should by Williams		19e. Informant's Neme/Reletionsh	ip (Type, Print)		19b. Meilir	ng Address (Stree	et and Number or F	Rural Route Numbe	er, City or Town,	Stete, Zip	Code)
and 2 saith a n 27 is		Jay Welsh/sor	1		35 N	Maple A	venue,	Catonsv	ille,	Md.	21228
Ore, es 1a of Hear		20a. Method of Disposition			ce of Dispo	sition (Name of matory or other p		Dete	20c. Location -		
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Baltimore, permit. Pages 1 ar Department of Heal Important: if Item 2 any Injury or other	ouce.	21. Signature of Funerel Service L	Icensee			Name end Add	ress of Facility Ashton	Funera	1 Home	. Ir	nc
		Tuter &	select).	m Moo	ON 7:	36 Edmo	ndson A	ve. Bal	to. Md		
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Examin		disease or condition resulting in deeth)	e. Jull	Due to (or e	es e consec	quence of):	Mon				Zweeks
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cate be executed physician and sthe burial-transit	l x	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying		Due to (or e	es e conseq	(uenca of):				1	
58/50 ficate be e physician s the buris			C								
E 0 8	5	resulting in deeth) Lest		Due to (or a	s a conseq	uence of):					
BOX eath cert attending	Z	`	d								
o dea he att	200	Pert II. Other significant condition	ns contributing to death	h but not result	ing in the u	nderlying cause g	iven in Pert I.	23b. Dld	lobacco use cor	itribute to	the cause of death?
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OT VICE Physician: r this certific real director,	0	1 ☐ Yes 2 ☐ No	Hospitel: 1 ☐ Inpe	atient 2□Ef	R/Outpetien	t 3 DOA	thon	Home 5 ☐ Resid		er (Specifi	v)
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Attending is death.	atio	Value		Day rear)	Injury		Yes 2 □ No				
7 74 7 5	ertification:	3 Suicide 6 Could n 4 Homicide determine	ned 286. Piece of	Injury - At hom etc. (Specify)	e, farm, str	eet, fectory, office	19	28f. Location (S City or Tov		er or Rura	ni Route Number,
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->		Paris C	Vai Lie	1000	11.1	DO	630	7.	& lin le	26	
f		30. Neme and address of person w	to completed cause of	of death (Item 2	3e) /Tune	Print)	630	/	101	10	
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DHMH 16 Rav 6/95

State

Registrar

AUG 1 2 1996

STATE OF LEVE

State of Maryland / Department of Health and Mental Hygiene 96 23763

December New First, Matter, Last) December New First, Matter,							C	ertificat	e o	t Death	7	Re	g. No.		
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Process Proc	2	ithin	du	Eiementary/Secondery (0-12)	Colleg	ge (1-4or 5+)	life	DO NOT u	se reti	ired)					
The part of the		No at	S	8th Grade			Cı	cane O	per	ator		I	Revere	Coppe	er & Brass
Approximate Approximate	pu	of House		17. Fether's Neme (First, Middle	, Last)					18. Moth	er's Name (F	irst, Middle, N	fe <i>lde</i> n Sumei	ne)	
Approximate Approximate	19	Aent Aent Aent Aent Aent	0	Willie J. Wigo	gins, Sr	•				Alve	erta P	inkett			
Approximate Approximate	E C	Short A br					er 19b. Ma	ailing Address	s (Stre	et end Numb	er or Rural R	loute Number	City or Town	. Stete, Zip	Code)
Approximate Approximate	Ξ	the tra		Crace Johnson			1111	Dark	7/17	onua	Ant '	306 1	2=1+im	ore ?	vn 21201
Approximate Approximate	ø	Hea Hea				-					-				
Physician (Medical Examiner 23a. Part Enter the disease, or complications that deated the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches above, or heart feiture. List only one ceuse on each line. 23a. Part Enter the disease, or complications that deated the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches above, or heart feiture. List only one ceuse on each line. 23a. Part Enter the disease, or complications that deated the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches above, or heart feiture. List only one ceuse on each line. 25a. Part Enter the disease, or complications that the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches above, or heart feiture. List only one ceuse on each line. 25a. Part Enter the disease, or complications that the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches all disease or condition resulting in deeth). 25a. Part Enter the disease, or complications that the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches all disease or conditions. 25a. Part Enter the disease, or complications that the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches all disease or conditions. 25a. Part Enter the disease, or complications that the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches all disease or conditions. 25b. Did tobacco use contribute to the cause of deeth? 25c. Was case referred to medical part and the underlying cause given in Part I. 25c. Was an autopay wailed by not or completion of cause of deeth? 25c. Was case referred to medical part and the underlying cause given in Part I. 25c. Was an autopay wailed by not or completion of cause of deeth? 25c. Was an autopay and the underlying cause given in Part I. 25c. Was an autopay wailed by not or completion of cause of deeth? 25c. Was an autopa	Ö	T to the second		1 Buriai 2 ☐ Cremetion	3 □Removal fr	om State	cemetery, c	remetory or o	other p	ilece)		Date	LOO. LOOBIION	Oily of 10	wii, Otate
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Physician //Medical Examiner Physician //Medical Examiner The property of the property of the disease, or complications that cased he deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches and Death of the property of the	m	825 29		1	Frank	1.1/	,	2501	GW	ynns F	alls H	Parkway			
Physician (Medical Examiner Medical Examiner Medical Medical Medical Me				23a, Pert1. Enter the disease of	r complications th	at caused the	death Do not a							1	Annrovimete
Immedicial Examiner Immedicial Cause (Final disease of coordinor dis			١.,	shock, or heart feilure. Lis	t only one ceuse of	on each line.		J. N. G. W. G. W. G.		jung, odan de	7 00101000111	oophatory arre	, , ,	1	Interval Between
Gisease or condition resulting in deeth) Due to (or as a consequence ot): Due to (or as a consequence ot): Sequentially list conditions, larly, leading to immediate la				Immediate Cours (First		_								1	onoot and boatt
Sequentially list conditions, where the company is the conditions of the company	1			disease or condition	a	111	Чосан	leal	06	Infac	eten	9		1	1 Oans
Sequentially list conditions, where the company is the conditions of the company	н			resulting in deeth)		, Dué	to (or es a cons	sequence ot):		Y					
Sequentially list conditions, where the company is the conditions of the company		₽ #	ne			5/1	11. 15.		D	1.00	-1.0-	Rase			Means
Cause (Disease of Infurther resulting in death) Last Cause (Disease of Infurther resulting in the underlying cause given in Part f. Cause (Disease of Infurther resulting in the underlying cause given in Part f. Cause (Disease of Infurther resulting in the under		oute nd rans	an	Sequentially list conditions.	0.	Due	e to (or as e cons	sequence of):			- 563674			1	1
Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 1	ó	an an an an an an an an an an an an an a		if any, leeding to immediate cause. Enter Underlying	1									į	,
Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 1	9/	e be	cai	that initieted events	c	Due	to for se a cons	equence of):						-	
Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 1	68	ficat phy 15 th	pa	resulting in deeth) Last		500	to (or as a cons	equenca ot).						1	
Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 1	×	ding	3		d										
Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death?	B	ettar for u	iar												
The state of the s		0 0	Sic	Pert ii. Other significant conditi	ons contributing to	o death but no	ot resulting in the	underlying c	ause	given in Part	f.	23b. Dfd to	bacco use co	ontribute to	the cause of death?
The state of the s	9	at th	Ph									1 □ Y	2 2 No	3 Prot	oably 4 Unknow
1 Yes 2 No Now Now Now Now Now		gne bed											/		
1 Yes 2 No Now Now Now Now Now	5	quire uld										24e. Was a	autopsy	24b. We	ere autopsy tindings
1 Yes 2 No Now Now Now Now Now	00	Sho sho	iet									perion	leu r	001	mpletion of cause
Second Process of the Control of t	Re	e ia hes	mp										10		
Second Process of the Control of t	60	Cate .										1 □ Ye	s PANO	1	Yes 2 No
Second Process of the Control of t	/#	entifi	Be								e of Death (C	Check only on	9)		
Second Process of the Control of t	1		2		Hospitel: 1	□inpatient	2 ER/Outpat	ient 3 DC	DA C	Other: 4 N	ursing Home	5 Reside	nce 6 🗆 Ot	her (Specif)	1)
2 Accident 3 Suicide 4 Homicide 5 Could not be determined 6 Could not be determined 6 Could not be determined 7 See. Place of fnjury - At home, tarm, street, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Signeture and title of cartifier 29e. License number 29d. Date signed (Month, Day, Year)					28a. Da	ate of injury	28b. Time	of 2	28c. in	jury at	280	d. Describe ho	w injury occu	rred	
29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 20e. Certifier (Check only one)	<u>.</u>	ath. r: Afr	atic				injur.				No				
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29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 20e. Certifier (Check only one)	á	Dir	ert	4 Homicide	bı	uilding, etc. (S	Specify)					City or Town	, Stete)		
The state of the s		Durs Durs Fille		29a Cartifier 10 Cartiful	ng Physician: To	the best of m	u knowledge de	ath accurred	at the	time data as	nd place and	I due to the e	una/a) and m	22222	ntad
29b. Signeture and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) 8-8-96 30. Name end eddress of person who completed druse of death (Item 23a) (Type, Print) On NAME 30. Name and eddress of person who completed druse of death (Item 23a) (Type, Print) On NAME 30. Name end eddress of person who completed druse of death (Item 23a) (Type, Print)		Hose Fun fely	lica	(Check only 2 Medical	Examiner: On the	e besis ot exe	eminetion end/or	investigation,	, in my	opinion, de	eth occurred	et the time, da	ate and piece,	and due to	the cause(s)
290. Signeture and trie of carritier 290. Date signed (Month, Day, Year) 290. Date signed (Month, Day, Year) 290. Date signed (Month, Day, Year) 290. Date signed (Month, Day, Year) 290. Date signed (Month, Day, Year) 290. Date signed (Month, Day, Year) 290. Date signed (Month, Day, Year) 290. Date signed (Month, Day, Year)		the				ranner stated.		1 00		naa eur bu		1 -	Del D-11-	nd 180	Day Vassi
30. Name end eddress of person who completed deuse of death (Item 23a) (Type, Print) ON NAME S POTOTSKY MD 821 N. Europa S # 202 Botto Mo 21201		5 × 5 5													
30. Name end eddress of person who completed datuse of death (item 23a) (Type, Print) ON NAME S. POTOTSKY M.D. 821 N. Europa S. # 202 BOTTO Mo 21201				Umaren	Major	0//	20	1) /.	300	4		5-8	-96	
DOWNER S. POTOTSKY 40 821 N. EUTAW ST #202 BOTTO MOZIZOI		5		30. Name end eddress ot person	who gompleted o	use of death	(item 23a) (Typ	e, Print)		,					
				DOLLAUD S.	POTOTO	sku.	MO	801	NI	Cun	920 ST	# 202	- 150	TO A	4021201

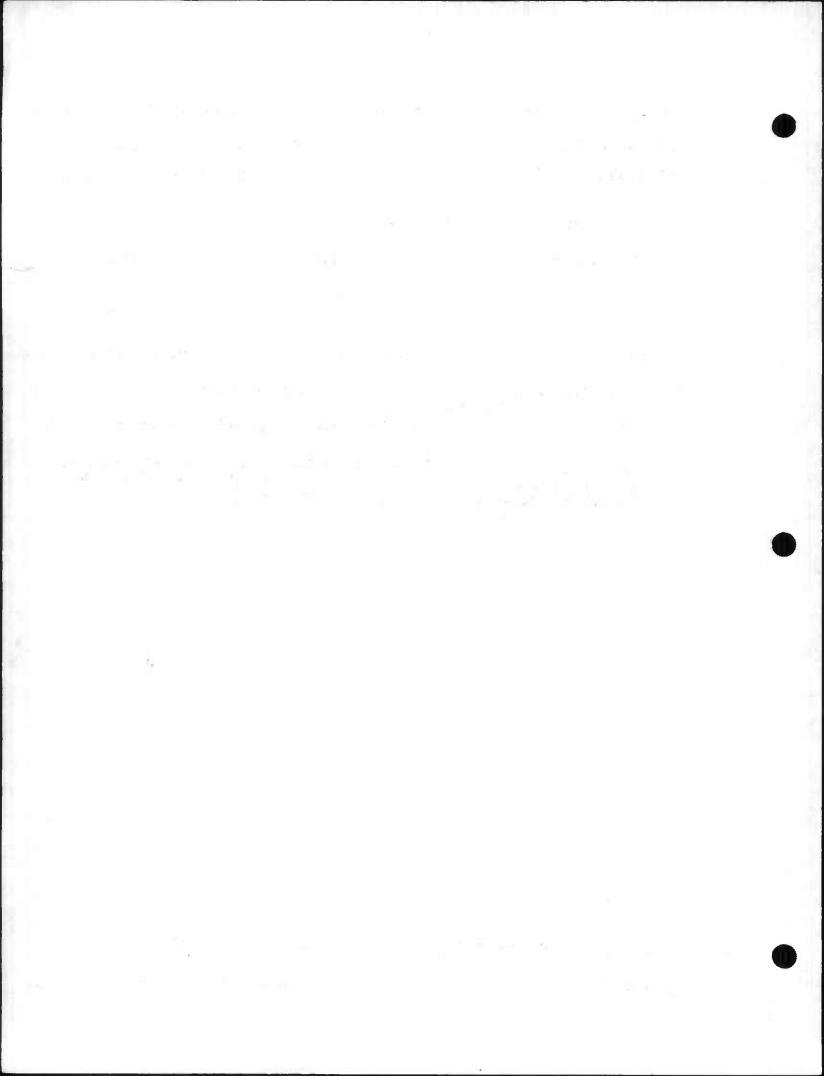
DHMH 16 Rev 6/95

State

Registrar

31. Dete tiled (Month, Dey, Year)

AUG 12 1996



ITEMS: 23 PART I, II, 27, PER MEO FILM G-738 8/15/96 t.t Item, Film738,8/12/96,1t

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

If Under 1 Year

Days

Months

23765

Physician
/Medicai
Examiner

TIMOTHY 4a. Facility Neme (If not institution, give street and number)

Month AUGUST WEST 4b. City, Town, or Location of Death

3. Time of Death

UNION MEMORIAL HOSPITAL 5. Social Security Number 7. Age (In yrs. last birthday)

1X M 2 F

BALTIMORE

1996 8:50P.M. 4c. County of Death

Funeral Director

Usuai Residence of Decedent 10b. County

217-74-9062

1. Decedent's Name (First, Middle, Last)

10c. City, Town or Location

31

8. Date of Birth (Month, Day, Year) If Under 24 Hrs. Hours Min.

2. Date of Death

4

28d. Describe how Injury occurred

111 Penn Street, Baltimore, Maryland 21201

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29d. Date signed (Month, Day, Year) AUGUST 5,1996

N/A

 Birthplace (State or Foreign Country) Maryland

10d. Inside City Limits

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Haalth end Mental Hygiene. In Important: If item 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumatic event, the Medical Express.

Physician /Medical **Examiner**

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 42 hours after death.

To the Euneral Director: After this certificate has been signed by the attending physician and completaly filled in by the funeral director, page 2 should be deteched for use as the burle-transit

Division of Vital Records, P.O. Box 68760,

Maryland N/A		Balt	imore					I KI YE	s 2 No
10e. Street end Number			10f. Zip Code			10g. Citizen	of What Cou	untry?	
1302 West 37th	Street		21211			U.S	S.A		
11. Maritel Status 1 □ Never Married ※※ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 Yes 2 VIVI Il Yes, Give Year or Dates:	If Yes, specify Cuban, Mexican, Puert					Raca - Amer Biack, White ecify: Whi		
15. Decadent's I		16a.	Decedent's Usual Occup (Give kind of work done life. DO NOT use retired	ation	rkina	-	of Business/I		
Elementary/Secondary (0-12)				Svc.	nury	Supreme Cleaning		eaning	g Svc.
17. Father's Name (First, Middle, Las Harry				18. Mother's Nan		-	mame)		
19a. Informant's Name/Relationship Diana West (W	(Type, Print)		Mailing Address (Street 302 West 37	and Number or Ru	ıral Route Numi	ber, City or To	wn, State, Z		
20a. Method of Disposition 1 Burial 2 Cremetion 3 4 Donation 5 Other (Spec	☐Removal from State	20b. Place of cemeter	Disposition (Name of y, crematory or other plan Mount Cem.	ce)	Date 8/7/96	20c. Locati	ion-City or T	Town, Stete	
23e. Part1. Enter the disease, or cor shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	y one cause on each line a. CORONARY	ARTERY T	HROMBOSIS	g, such es cardiac	c or respiratory e	errest,		Approxima Interval Be Onset and	etween
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	b	Due to (or as a consequenca of):							
that initiated events resulting in death) Last	D d	ue to (or as e c	onsequenca of):				1		
Part II. Other significant conditions CONTRIBUTORY DIASET		not resulting in	the underlying cause giv	en in Part i.		tobacco use		to the cause	
				\$		s an autopsy ormed?	a	Vere autopsy veileble prior ompletion of f death?	to
					10	Yes 2□N	0 1	Yes 20] No
25. Was case referred to medical examiner?				26. Piace of Dea	th (Check only	one)			
1 X Yes 2 □ No	Hospital: 1 ☐ Inpatien	t 2 XEP/Out	tpatient 3 DOA Oth	er: 4 Nursing H	ome 5 Res	idence 6 🗆	Other (Speci	ify)	

State Registrar

Medical Certification;

31. Date filed (Month, Day, Year) AUG 1 2 1996

DALTA

5 Pending

Investigation

6 Could not be determined

27. Manner of Death

1XXNatural

2 Accident

3 Suicide

4 Homlcide

29b. Signature and title of certifier

29a. Certifier

32. Registrar's Signature a wavidson-Randelle

un

28b. Time of Injury

28e. Pieca of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work?

1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

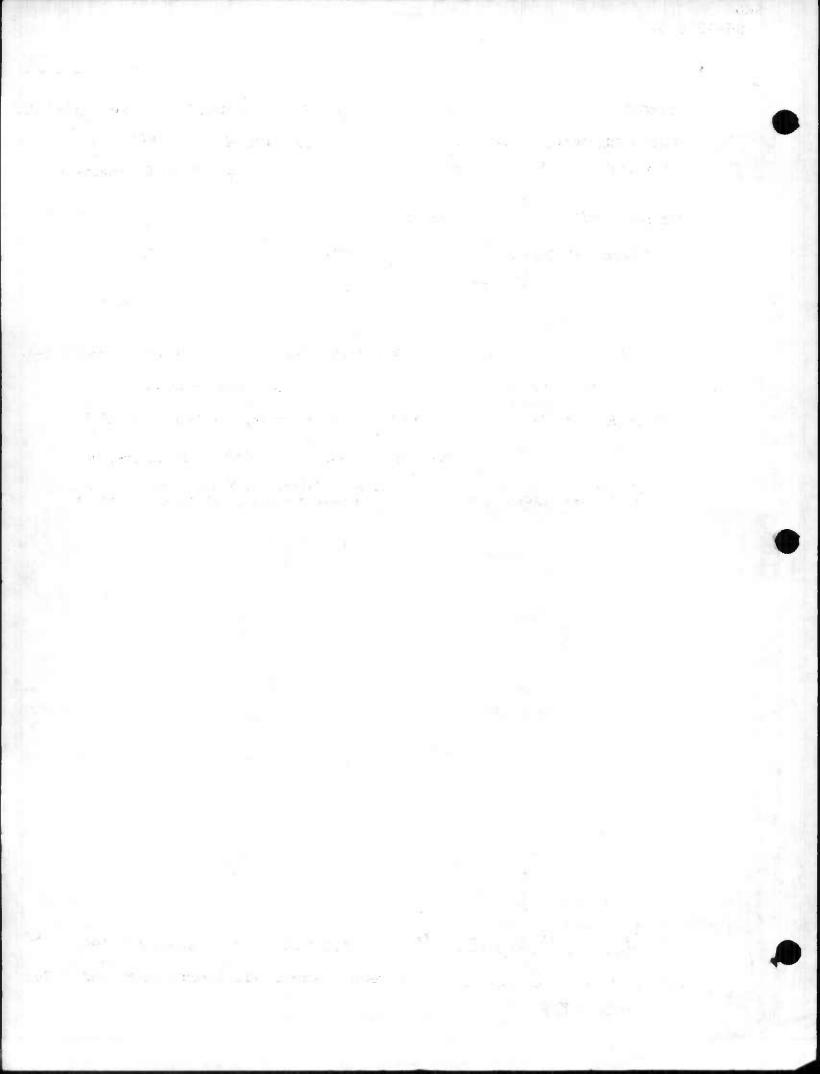
29c. License number

O.C.M.E.

1 Yes 2 □ No

28a. Date of Injury (Month, Day Year)

30. Name and address of person who completed cause of death (item 23a) (Type, Print)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. W (BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	CHILL	CAIL	JF DEA	l m	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)	Ida ;	Pauline	wilt	win			2. DATE OF DEATH MONTH AUGUST 8	3. TIME OF DEATH 10:04 AM M		
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. Is		IF UNDER t YE	AR IF UNDER	24 HRS.	7. DATE OF BIRTH	6. BI	RTHPLACE (State or Foreign	
	212-03-9808	1 □ M 2 🗸 □ F	79	YRS.	MONTHS DA	HOURS	MIN.	July 22, 1	917 M	aryland	
	9a. FACILITY NAME (If not institution, give st					WN OR LOCATI		EATH	9c. COUNTY O	F DEATH	
S	Johns Hopkins Bo	ryview Med	dical (tr.	B	altimo	re	City	N/	A	
<u> </u>	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			_	, TOWH OR L	OCATION				10d, INSIDE CITY	
DIRECTOR	Maryland I		Dundalk						1 TYES 2XX NO		
FUNERAL	10e. STREET AND NUMBER	,				101. ZIP COD		1000	10g. CITIZEN OF WHAT COU		
	9 Vista Mobile D							1222	d States		
2	11. MARITAL STATUS 1 Never Married 2 Married	t2. WAS DECEDENT FORCES? 1	YES 2		I1 ye	a, specify Cubi	n, Maxica	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		IACE — American Indian, liack, Whita, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1 -	YES 2 X NO	Specif	y :	S	white	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a, D	ECEDENT'S	USUAL OCCU	PATION og most of worki	na	16b. KIND OF BU	ISINESS/INDUSTR	Y	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Bi	e. Do NOT us	retired.)	y most or work	'W				
를	12 Years			Cas	shier				Caterer	S	
Ö	17. FATHER'S NAME (First, Middle, Last)					7.011		ME (First, Middle, Maide			
BE	Unknown Ochring		T			_	Viol		rnown		
5	19a. INFORMANT'S NAME (Typo/Print) Patricia A. Flei	scher/Dau	ghter '					Reister			
			_		FDISPOSITIO		rice		OCATION — City o		
	20a, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata					8			Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	I bec	TWE INTE	00 1144	45 AND ADDO	00 05 5	ACRES ASSESSED			
	1 3000	an			Dud	la-Ruck	tur	ieral Home	of vunc	lack, Inc. Land 21222	
	23. PART i. Enter the diseases or o	complications that	caused the d	leath Do o				2. Dundal		Approximate	
	shock, or heert fellure. List only one cause on esch line.										
	immediate cause (Finel disease or condition resulting in death) s. Coundary officer 20 mus										
	resulting in death)	resulting in death) s. UV (OR AS A CONSEQUENCE OF):									
z		atrial fibrillation 10 yrs									
CERTIFICATION	if any, leading to immediate										
<u>ა</u>	CAUSE (Disease or Injury	e fle	IENU	ary	hutt	0 5 (rul	nuo pai	n	20 4/20	
	thet initieted events resulting in desth) LAST		1 PU					,		201ma	
SER		d. 730	PUG	I LI W	USYC					200/48	
	PART ii. Other significent condition	s contributing to	leath but not	reculting i	n the under	rlying cause	given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDICAL								1 TYES	N	COMPLETION OF CAUSE OF DEATH?	
		*								1 TYES 2 NO	
ž	DID TOBACCO USE CONT	RIBUTE TO CAL			S NC		CERTAI	N 🗆			
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLJ	ACE OF DEAT	H (Check only OTHER:	one)					
PHYSICIAN: M	1 TYES 2 NO	1 Inpetlant 2 X		-	4 - Nursing		lesidence	8 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF I (Month, Da		28b. TIMI INJ	URY	c. INJURY AT WORK?	□ NO	28d. DESCRIBE HOW	INJURY OCCURE	3	
Β¥	2 Accident Investigation	2 Accident Investigation								and Brush Number	
	4 Homicide 6 Could not be										
	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of a	m, brawladaa	dooth conven	d at the time	data and also					
COMPLET	(Others only							e to the cause(a) and m e time, data and place, a		use(a) and manner as stated.	
	29b, BIGNATH AND TITLE OF CERTIFIE						ENSE NU			NED (Month, Day, Year)	
BE	PALLINI	de				296. 210	7 11	· G / ·	DATE SIG	DIGI.	
9	30. NAME AND ADDRESS OF PERSON WH	Q COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type.	Print)	10	214	276	1.010	willarda	
	100.5 MARTHY	DINT A	100	S.#	722	1. 8	eldi	n. mD o	21224	Edwards M.	
	31. DATE FILED (Month, Day, Year)	Suka David	'S SIGN DIRE	2.00	1	, ,	- 100		.00	Luwarus, M.	
- 1	AUG 1 0 1996	yera ward	2014-North	1	à						

State of Maryland / Department of Health and Mental Hygiene

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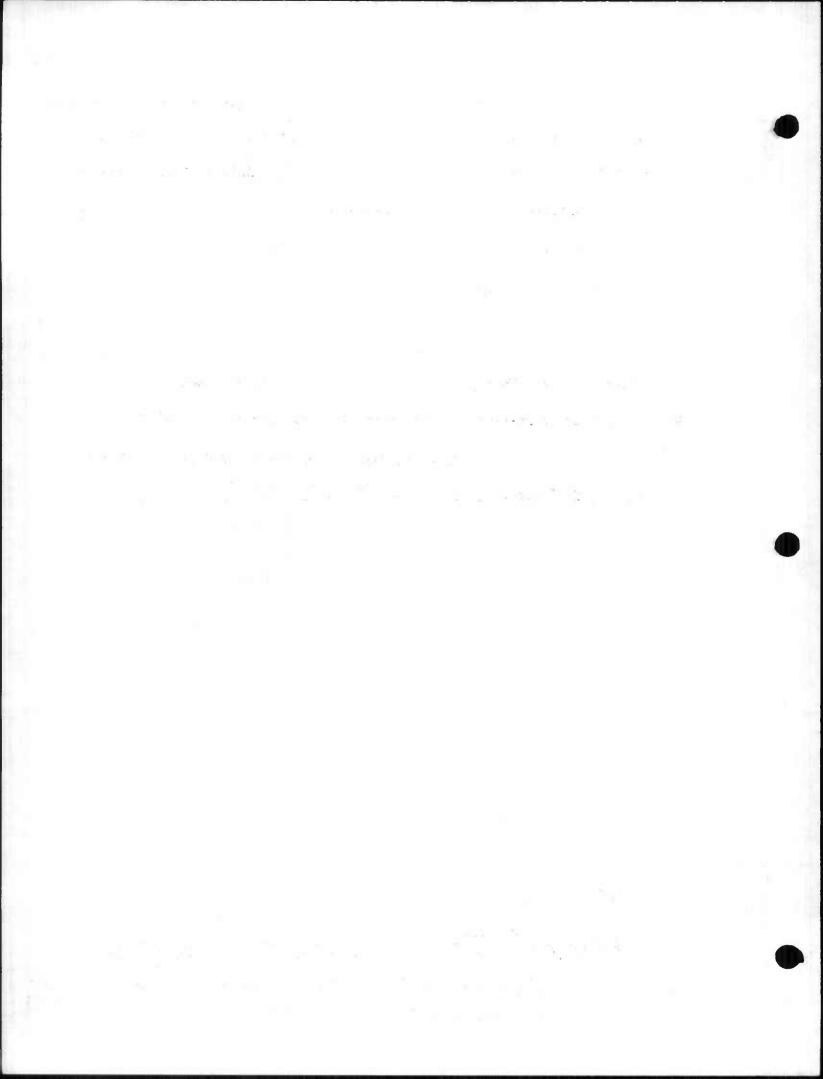
						Certifica	ate of	Death			Reg. No.	20	-	,,,,,
			1. Decedent's Name (First, Middle, Las	t)						2. Date of De	eth		3. Tim	na of Death
н	Physic		George L.	BROOKE	Month					Month 7	Day	96	0	615
	/Medi		4a. Fedlity Nama (If not Institution, giva	street and number)				4b. City. To	own, or Lo	cation of Death	4c Coun	ty of Deeth		017
~	Exami	ner			T					nick MD				T
-			CALVERT COUNTY / 5. Social Security Number 6. Se			hata a life line	der 1 Year		24 Hrs				AU	- 0
	Funeral		45	ox 7. Age (in yi		24 1			Min.	6. Data of Bir (Month, Da		9. Birthpi	ilece (Sta itry)	ate or Foreign
	Director		577-16-7035		76	13.				17 1	3 19	Wash	L. D). C.
	pug s		Usual Residence of Decedant 10a. Steta 10b. County	100	City Town	or Location						- 4	Od Inole	do Ciba I Imito
	aryla	The state of the s									"		de City Limits	
	0 8 H	cto	MD Calvert C	County Pr	ince	Frederi	ck						- '	Yes 2∏No
	中で	Director	10e. Street and Number			10f. 2	Zip Code				10g. Citizen of	What Coun	itry?	
	23a		85 Hospital Road				2067	78-966	9		U.S.A.			
	eep # 5	Funeral	11. Marital Status	12. Wes Decedant Ever in	U,S.	13. Was Dad	edent of	Hispanic Or	igin? (Spe	ecify Yes or No Rican, atc.)		ce - Americ		n,
0	after or its		1 ☐ Never Married 2 ☐ Married	Armed Forces? 1 🖎 Yes 2 🗆 No						Hican, atc.)		ack, Whita,	atc.	
02	172 hours after deeth with the Maryland "netural", or items 23a or 28s-f ahow adjost Examiner must be notified at	by	3 XWidowed 4 ☐ Divorced	ff Yes, Give Yaar or Dates: 194	1-45	1 ☐ Yes	2 KM.No	Specify.			Speci	b: 171	hite	
P	2 ho	8	15. Decedent's Edu	ucation	16e.	Decedent's Us	sual Occu	pation			16b. Kind of I			
2	s within 72 ho piene. Then netur	Completed	(Specify only highest gred		_	(Give kind of a life. DO NOT	work done	e during mos	st of worki	ing			1000	
7	within then the Mac	E	Elementery/Secondary (0-12)	College (1-4or 5+)	Ba	nker					Bankin	Q		
0	事事		17. Fether's Neme (First, Middle, Last)			, , , , , , , , , , , , , , , , , , ,		18. Moth	er's Name	(First, Middle,		0		
a	o a p	Be	Designation Designation											
2	should be ind Menta i marked umetic av	10	Benjamin Brooke						rice					
Maryland 21215-0020	N 0 0 0		19a. Informant's Neme/Relationship (7)	/pe, Print)			,			al Route Number			,	
	1 and 2 Heelth am 27 i		Kevin Brooke, Son					od Lan	e #4	, Woodb				
2			20e. Method of Disposition 1 ☐Burlal 2 ☐ Cramation 3 ☐ F		 Piace of cemeter) 	Disposition (A , cremstory o	lame of r other pla	ace)		Date	20c. Location	- City or To	wn, Stet	e
altimore,	Pag nent nrt: II		4 Donation 5 Other (Specify)		uantio	co Nati	ona1	Cemet	erv 7	7/8/96	Triangle	e. Va.		
=	HEELE '		21. Signature of Furieral Seprice Licens					ass of Facili	hv					
ñ	Depa Impo eny i		1 /////	//					Mou	intcastl			ne	
			Savid W. Wir	1		4143	Dale	e Blvd.	., Dal	le City,	Va. 221	93		
			23a. Part1. Enter the disease, or comp shock, or heert teilure. List only	cause on each line.	eath. Do n	ot enter tha m	ode ot dy	ring, such as	cardiec o	or respiretory e	rrest,		Approxi	Between
Y	Physician												Onset e	end Death
7	/Medical Examiner		Immediate Cause (Finel disease or condition	a. Jsc	e m	16	Co	vdin	~~	worth	110			
	CXAIIIIIei		resulting in death)	Due to	(orsssc	onsequence o	f):		7	1	1			
	D &	ner									_			
	certificate be executed rding physician and use as the buriel-transit	Examiner	Sequentially list conditions.	b. Due to	(or es a c	onsequence o	t);							
'n	an an riel-		Sequentially list conditions, if sny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	adiate										
68760,	sicii e bu	edical	that initiated events	C. Due to	due to (or as a consequence of):									
ģ	ficat phy s th	P	resulting In death) Lest	500 (0	(01 43 4 00	nisequence o	17.							
×	n certific anding p use as	3		d										
9	that the death ce red by the attendi	Physician/												
o.	the d	ysi	Part II. Other sfgnificant conditions con	ntributing to death but not r	esulting in	the underlying	g cause g	iven in Part	1.	23b. Did	tobacco use c	ontribute to) the cau	uss of death?
7.	thet the	P								1 🗆	Yss 2□ No	3 Prot	bably	4 Unknown
ń	8 52	by												
Records,	requires been sign should be	Completed								24a. Was	en eutopsy emed?		ere sutop aileble pr	psy findings rior to
ပ္ထ	20 00	ple	-									cor of e	mpletion deeth?	of cause
ř	0 - 0	E								10	Yes 22 No	15	Yes	2□ No
ro			25. Wes case referred to medical										2 105	20140
VITAI		o Be	examiner?	Hospitel:			0	ther		(Check only o				
5	는 무를	-	1 ☐ Yas 2, ☐ No	1 ⊔ Inpatient 2	□ ER/Out		DUA	S-BO IN		me 5 Resident			y)	
	Ing After	o	1⊠Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey Year)	28b. Ti	jury	28c. Inju			Zou. Describe	now injury occi	med		
S	Attending or death. ector: After by the fune	cat	2 Accident Invastigation 3 Sulcida 6 Could not be			М		Yas 2□						
DIVISION	rect for the color of the color	=	4 Homicide determined	28e. Place of Injury - At building, etc. (Spe	home, tan	m, street, fact	ory, office		1	26f. Location (: City or Tox		iber or Rura	/ Route /	Number,
)	To the Hospital or Attending Is within 24 hours effer death. To the Funeral Director: After completely filled in by the funer	Certification:												
	the Hospital hin 24 hours the Funeral npletely filled		29a. Cartifiar 12 Certifying Phys	sicien: To the bast of my k	nowledge,	death occurre	d st the t	ime, dete er	nd plece,	and due to the	cause(s) and n	nanner es st	tsted.	
	P H	edical	(Check only 2 Medical Exami	ner: On the basis ot exami	netion end	or investigation	on, In my	oplnion, des	oth occurr	ed st the time,	dete and piece	, and due to	the cau	ISO(S)
	within To th	ž	29b. Signature and title of certifier	4		2	9c. Lican	sa number			29d. Date sign	ed (Month,	Day, Ye	ar)
	F > F 0		1	7/1				331	22			0/		
•	0		//					251	01		1-2	.76		
	δ		30. Name end address of person who co	· ·		**								
			J. Lowenthal, 110 Ho				rick,	MD 2	0678					
	Sta	ite	31. Dete tiled (Month, Dey, Year)	32. Registrer's Sig	neture	1.11								

and the second second

State of Maryland / Department of Health and Mental Hygiene

23767

			Certificate of Death		Reg. No.		
П	Physic	ian	Decedant's Nama (First, Middla, Last) HILDA FRANCES BRANNOCK	2. Data of D Month	Day Year	3. Tima of Death	
	/Medi			Ju1y	26 1996	9:51 pm	
1	Exami	ner		vn, or Location of Dec bridge	4c. County of Death Dorches		
	Funeral Director		5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) If Undar 1 Year If Undar 2 If Undar 1 Year If Undar 1 Year Hours	Min. 8. Data of E. (Month,)	lirth (9. Birth (28 1917 Mai	place (Stata or Foraign intry) Y Land	
	and		Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location			10d. Insida City Limits	
	ha Maryi 28a-f sho cuffed a	Director	MD Dorchester Cambridge			19 Yas 2 No	
	23a or 2	al Dir	10e. Street and Number 214 Virginia Ave. 21	613	10g. Citizan of What Co. U.S.	intry?	
020	n 72 hours after death with the Maryland "natural", or items 23s or 28s-f show golical Examiner, must be notified at	by Funeral	11. Marital Status 1 □ Navar Marriad 2 M Marriad 1 □ Navar Marriad 2 M Marriad 3 □ Widowed 4 □ Divorced 1 □ Was Decedant Evar in U,S. Armed Forces? 1 □ Yas 2 □ No if Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Original (Not Specify Cuban, Maxican) 1 □ Yas 2 □ No Specify:	nn? (Specify Yas or N Puarto Ricen, atc.)			
2-0	72 hor		15. Decedant's Education (Specify only highest grade completed) 16a. Decedant's Usuai Occupation (Give kind of work done during most	of warding	16b. Kind of Businass/I	ndustry	
2121	d within jiena. r than	Completed	(Specify only highast grada complated) Elamantary/Secondary (0-12) Collaga (1-4or 5+) Dietary supervisor	or working	State hosp:	ital	
Baltimore, Maryland 21215-0020	d 2 should be filed th and Mental Hygis 7 is marked other treumetic event, th	To Be C	17. Fathar's Nama (First, Middla, Last) Ralph Edward Murphy		a, <i>Maid</i> an Su <i>m</i> ama) Madkins		
Man			19a. informant's Name/Ralationship (Type, Print) John W. Brannock / husband 19b. Mailing Addrass (Street and Number 214 Virginia Ave.,			ip Coda)	
ore,	agas 1 and 2 nt of Haaith if Rem 27 is or other tre		20a. Mathod of Disposition 12 Buriai 2 Cramation 3 Ramoval from Stata 20b. Place of Disposition (Nama of cematary, cramatory or other place)	Data	20c. Location - City or		
altin	permit. Pagas 1 Department of H Important: If ite any injury or ot		4 □ Donation 5 □ Other (Specify) East New Market Cemete 21. Signature of Fanaral Sarvice Licensaa 22. Nama and Addrass of Facility		Last New Ma	arket Md.	
Ö	Dep de de de de de de de de de de de de de		21. Signature of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility Thomas Funeral 700 Locust St.		MD 21613		
			23a. Part1. Entar tha disaasa, or complications that causad tha daath. Do not antar tha moda of dying, such as a shock, or haart failura. List only ona causa on aach lina.	cerdiac or raspiratory	arrest,	Approximata Intarvai Batween Onsat and Death	
	Physician /Medical		Immediate Causa (Final disease or condition rasulting in death) a. ARTERIOSCIEROTIC ARDIOUS Due to (or as a consequence of):		duant	Source	
	Examiner		rasulting in daath) a. // / EKIOS / EKO// ARATO (6) Dua to (or as a consaquance of):	os ceura P	CHRESE	YRS	
	Dei it	Examiner	b				
o	certificate be axecuted rding physician and use as the burial-transit		Sequentially list conditions, if any, leading to immadiate cause. Entar Undarlying Causa, [Disaase or injury c.				
68760,	tha bu	Medical	Causa (Disaase or injury that initiated evants rasulting in death) Last Dua to (or as a consequence of):				
U		an/Me	d				
B	the atter	sicia	Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I.	23b. Di	d tobacco use contribute	to the cause of death?	
P.O.	that the	y Phy	Severe Chronic obstructive lune disease	10	Y•• 20 No 3□Pr	obebly 4 Unknown	
of Vital Records,	law requiras that the death as been signed by the atte 2 should be datached for	Completed by Physician	Deep Venous Thrombosis	24a. Wa	24a. Was an autopsy performed? 24b. Wara autopsy available prior complation of of death?		
E E	Tha law ata has page 2	Com		10	~	☐ Yas 2☐ No	
/Ita	Physician: Tha I this certificata har ral director, page	Be	axammar/	of Daath (Check only	ona)		
ot	Physic this c	7 2		1	sidence 6 Other (Spec	ify)	
0	Attending I ar death. ector: Aftar by the funer	atlon	27. Mannar of Death 1 Natural 5 Panding (Month, Day Year) 2 Accidant Invastigation 28a. Data of injury (Month, Day Year) 28b. Tima of Injury at Work? 1 Yas 2 N		how injury occurred		
	i or Attending safter death. I Director: After de In by the fune	Certification:	3 Suicida 6 Could not ba datarminad 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)		28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)		
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical C	29a. Cartifier (Check only one) 12 Certifying Physician: To the best of my knowledge, death occurred at the time, data and 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death and manner stated.	place, and dua to the n occurred at tha time	a cause(s) and mannar as a, data and piace, and dua	stated. to tha ceusa(s)	
	To the To the Comp	M	29b. Signatura and titla of certifiar 29c. Licansa number	-	29d. Data signed (Month	, Day, Year)	
			30. Nama and addrass of person who complated cause of death (item 23a) (Type, Print))	1/24/96		
			Mahmood S. Shariff M.D. 105 Ad	irora 57	- CAMBE	idre, ml	
	Sta	_	32. Hedstar's Signatura			21613	
DUI	Registr		JUL 3 0 1996 Juli Mudler Kardall				



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Dete of Death 3. Time of Death **Physician** JULY 22 Year 1996 RUTH **BROOKS** 1813 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) **Funeral** 9. Birthplace (State or Foreign Deys 1□M 2€F 70 Yrs. MARYLAND 219-30-2583 Director Usuei Residence of Decedent deeth with the Maryland 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Expreient must be notified at XXYes 2 No Director MARYLAND ANNE ARUNDEL ANNAPOLIS 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? Funeral 1148 TYLER AVENUE 21403 US Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Marital Status 12. Wes Decedent Ever In U.S. Armed Forces?

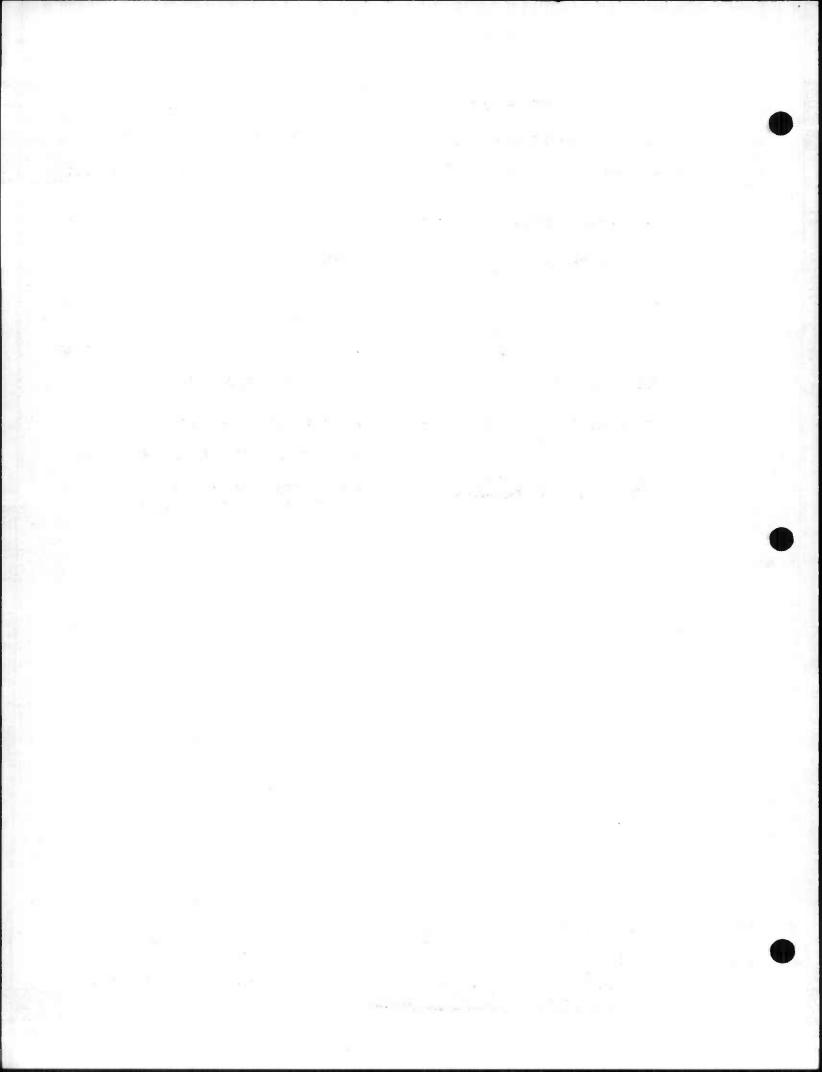
1 Yes 2 No
If Yes, Give
Yeer or Detes: filed within 72 hours after 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 🛣 No Specify: P Specify: 3 XWidowed 4 ☐ Divorced BLACK Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/industry I Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) DOMESTIC 4th SOME ONE ELSE HOME permit. Peges 1 and 2 should be filed. Department of Heelth and Mental hyg Important: If item 27 is marked other any injury or other traumatic event, 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be JOSHIA CLAGGETT ANNIE WASHINGTON 19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) RUTH E. BROOKS (DAUGHTER) 809 A BETSY COURT ANNAPOLIS, MD. 21401 20a. Method of Disposition 20b. Piace of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Stete ANNAPOOLIS MEM. GARDENS 7/26/96 ANNAPOLIS, MD. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licensee 22. Neme and Address of Fecility WM. REESE & SONS MORTUARY, P.A. eese 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner R that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Last physician and the burief-tran of): P.O. Box 68760 Physician/Medical Due to (or as a consequence of): attending f ate has been signed by the a pege 2 should be detached t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed certificate has 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1□ Yes 2ZNo 2 ☐ ER/Outpatient 3 X DOA After this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of Certification: 28d. Describe how Injury occurred 1 Naturel 5 Pending investigation To the Hospital or Attendin within 24 hours after death.
To the Funeral Director: Af completely filled in by the fu death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Placa of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and pleca, end due to the cause(s) and manner es steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and plece, and due to the cause(s) and manner stated. 29a. Certifler Medical (Check only one)

eted cause of deeth (Item 23a) (Type, Print)

29d. Date alghed (Month, Day, Year)

State Registrar

29b. Signature and little of og



CALL TO THE CALL THE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wirthin 24 frouts after death. Page 6 may be retained by the hospital or attending physician.	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be related the use as the burial transity names a 2 3 about the funeral transity names as the burial transity names a 2 3 about the funeral funeral funeral forms as the burial transity names as the funeral	is after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once	
	TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this co	be filed within 72 hours after death with t	IMPORTANT: If item 28 is marked, o	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT (OF HEALTH AND I	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)	J. Brightn	nan		2. DATE OF DEATH MONTH 7 DAY 1 - 9 GEAR 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 216-46-8999	5. SEX 6. AGE (In yrs. lest	YEAR IF UNDER 24 HRS.	The state of the s						
ECTOR	98. FACILITY NAME (If not institution, give s RESIDENCE OF DECEMENT	reef and number)	OWN OR LOCATION OF DE	OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH						
DIREC	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR			10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	MERSET	S ANNE	10g.	1 X YES 2 NO					
FUNERAL	11974 EDGEHILL 11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO	4ED 13. WA	21853 DECENDENT OF HISPAN	IC ORIGIN? (Specify Yes or No.	U.S.				
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	WWI & WWII		yes, specify Cuben, Mexicar YES 2 NO Specify.	, Puerto Rican, etc.)	or No- 14. RACE — American Indian, Black, White, etc. Specify: WHITE				
ETED	15. DECEDENT'S EDU((Specify only highest grade Elementary/Secondary (0-12)	completed) (Giv	CEOENT'S USUAL OCCU re kind of work done duri Do NOT use retired.)	PATION ng most of working	16b. KIND OF BUSINESS	VINOUSTRY				
COMPLET	11		PLY OFFIC	ER/Supervisor						
E CC	17. FATHER'S NAME (First, Middle, Last) CHARLES H. BRI	CHIMAN			AE (First, Middle, Meiden Surnam	10)				
TO B	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING AODRESS (S	ELLA M	OLL L.	, Zip Code)				
	ROBERT BRIGHTM	AN 12	2340 JUL	IAN LANE,		NE, MD. 21853				
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	wal from State 20b. PLACE Al cemetery, crem	ND DATE OF DISPOSITION OF DISPOSITIO	SCOPAL CEM	DATE 20c. LOCATION	i — City or Yown, State				
	21. SIGNATURE FUNERAL SERVICE LIC	ENSEE ST. AI	22. NAI	AE AND ADDRESS OF FAC	ILITY	SS ANNE, MD.				
Ц	Janes X. X	luna MO029!	5 116	MAN FUNERAL 73 SOMERSET	AVE PRINC	21853 ESS ANNE, MD.				
		omplications that caused the desults only one cause on each line.	th. Do not enter the	mode of dying, auch	as cardiac or respiratory	Interval Batween				
	disease or condition resulting in death) a. Achieve Gargiere, rt. leg When the second condition resulting in death)									
2	OUE TO (OR AS A CONSEQUENCE OF): Circle 100 Col Bracking Tascular Prince 5 446									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEOL	JENCE OF):	of a second	0.	7/20				
IFIC	CAUSE (Disease or Injury thet initiated events	OUE TO (OR AS A CONSECU	JENCE OF):	nerosc	ceroses	10 g/s				
CERTIFICATION	reaulting in death) LAST	i,								
SAL	PART Is Other algnificant conditions	contributing to deeth but not re	suiting in the under	lying cause given in P	Part I. 24a. WAS AN AUTOP: PERFORMED?	SY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO				
MEDIC	Chronic Ob	The other	0.0	ery Disco	1 YES 2 M NO	COMBI ETION OF CAUSE				
	Rdvanced Se	rile Dem	entra	ry proces		1 TES 25 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		6. PLACE OF DEATH (Chec	ck only one)					
HAS	1 VES 2 NO	1 Inpetient 2 ER/Outpetient 3		Home 5 Residence 6	Other (Specify)					
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?	28d. OEŞCRIBE HOW INJURY	OCCURED				
COMPLETED E	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY — At hom- building, atc. (Specify)	e, farm, street, factory,	offica	28f. LOCATION (Street and Num City or Town, State)	ober or Rural Route Number,				
P.E.	29a. CERTIFIER (Check only one)	IAN: To the best of my knowledge, deat	h occurred at the time,	data and place, and due to	o the cause(s) and manner as	stated,				
	2 MEDICAL EXAMINER	: On the basis of examination and/or im	veatigation, in my opink	on, death occured at the ti	me, data and place, and due to	the couse(s) and manner as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Bellow (Th. D	29c. LICENSE NUMB		STE SIGNED (Month, Day, Year)				
3	30. NAME AND AGORESS OF PERSON WHO			1 -17						
	GREGORIO M.	BELLOSO, M.D.	5302 CH	NABERRY,	DR., SALISBU	RY, MD 21801				
	Alic 0 1 1996 Auto	32. REGISTRAR'S SIGNATURE			,					

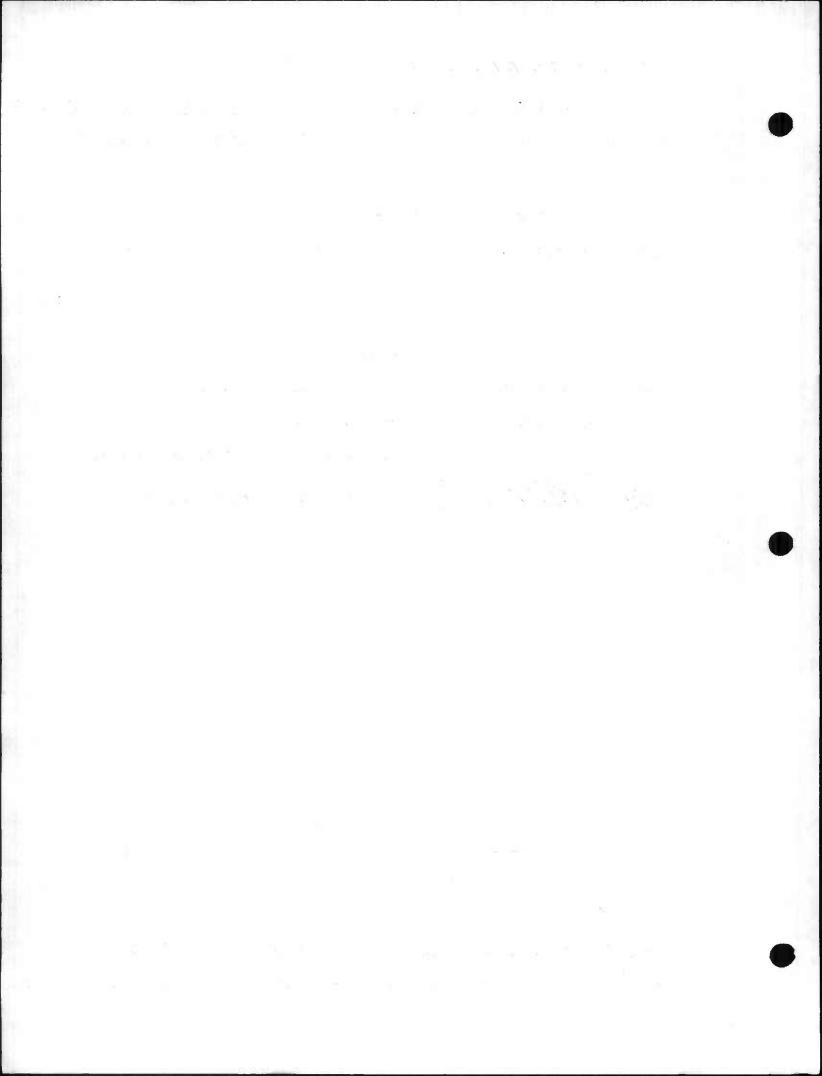
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ITEMS: 28a-f, PER NEO FILM Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. FILM G-739 9/9/96 t.t item #14, filmg 739, 9/16/96,cyw, per fh Certificate of Death State of Maryland / Department of Health and Mental Hygiene 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Day **Physician** 1996 6:40 FOY GEORGE WILMER COOPER, JR. 20, JULY /Medical 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CITY WORCESTER 45TH ST. VILLAGE OCEAN 5. Social Security Number If Under 1 Year | if Under 24 Hrs. 8. Date of Birth Dev. 9-25-7 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Days Months Hours 1 ☑ M 2 ☐ F Yrs. MD 217 19 0544 22 Director Usual Residence of Decedant with the Maryland 10a. State 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. inside City Limits MD. Prince George's Director GLENN DALE 1 Yes 2 No 10e. Street and Number 20769 10g. Citizen of What Country? 11610 PROSPECT HILL RD. USA filed within 72 hours after death Hygiena. Funeral 11. Maritai Status 12. Was Decedent Evar in U.S. Was Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Biack, White, etc. 1 ☐ Yes 2 🖔 No if Yes, Give Year or Dates: 1X Never Married 2 ☐ Married Specify: USA 1 ☐ Yes 2 ☑ No Specify: HITE þ 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Artist/Poet Art and Mental Hygi permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If tem 27 is marked othe eny injury or other treumatic event, othes. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) George Wilmer Cooper, Sr. Trudy Jane Lee 2 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) George W. Cooper, Sr. same as 10 above 20a. Method of Disposition 20b. Piace of Disposition (Neme of Data 20c. Location - City or Town, State cometery, cremetory or other place)
Miranda Cemetery Burial 2 Cremation 3 Removal from State 7 - 24 - 96Huntingtown, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Suneral Service Ligeness 22. Nama and Address of Facility Rausch Funeral Home, Owings, MD 20736 Part1. Enter the disease, or complications that cause of edeath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each time. Approximate Interval Between Onset and Deeth **Physician** /Medical immediate Csuse (Final disease or condition resulting in death) ASPHYXIATION BY MANGING EN MINUTES **Examiner** Dua to (or as a consequence of): Examiner The law requires that the death cartificate be axecuted physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequenca of): Box 68760 Physician/Medical Due to (or as a consequence of): resulting in death) Last 88 signed by the attending of the datached for use as Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Junknown þ should should 24b. Wara autopsy findings avsilable prior to completion of cause of death? 24a. Was an sutopsy performed? Completed cartificata has b 1 ☐ Yes 28 No 1 ☐ Yas 2 ☐ No I or Attending Physician: aftar death. director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) 1 Yes 2 No Certification: To this funaral 27. Mannar of Death 28a. Date of injury (Month, Day Year) 28b. Time of Injury 28d Describe how injury occurred FOUND HANGING WITH THIN ROPE! After 1 Naturai 5 Panding investigation n 24 hours after death.

Ne Funeral Director: A pletsh filled in by the fi 1 ☐ Yes 2 No 6:40 P M 2 Accident AROUND NECK-SUSPENDED FROM CEILING 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 45TH ST. VILLAGE! 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify)
BEHIND NIGHT CLUB OUTSIDE BAR 4 Homicide OCEAN CITY, MARYLAND Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Cartifiar (Check only one) To the Within 2 To the F 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 7-21-96 30. Nama and accress of person who complated ceuse of death (Itam 23a) (Type, Print) 203 SNOW ST SNOW HAL, MD. 2003 HOLZWORTH, M.D. DOZOTAY 6. 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State J. Davelson Rardall JUL 26 1996 Registrar

DHMH 16 Rsv 6/95



State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificat	e of	Death			Reg. No.			
	Dhusia	ian	1. Decedent's Name (First, Middle, La	st)							2. Dete of De	ath	Vear		of Death
	Physic /Medi		Gennive		Coate	es					July	23°,	1996	5:	50 A.M
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	Funeral Director		220 10 0334	Sex 7. A	ige (In yrs. last t 85	Yrs.	If Under Months	1 Yee Days		24 Hrs. Min.	8. Date of Birt (Month, Da March	y, Year) 14,1911	9. Birthr Cour Ma	olace (Star otry) rylai	e o <i>r Fo</i> reign ad
	and		Usuei Residence of Decedent 10a. State 10b. County		10c. City, To	wn or Lo	ocation						1	Od Inside	City Limits
	he Maryl 28a-f aho ottfied a	Director	Maryland Calvo	ert		Sund	erlan							1 🗆 Y	es 2 No
	ath with t	ral Dir	10e. Streat and Number 7475 Wayside D:					206				10g. Citizen of V	SA		
020	within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show my Holical Exporent court be notified at	by Funeral	11. Meritel Stetus 1 ☐ Never Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Wes Deceden Armed Forces 1 Yes 20 If Yes, Give Yeer or Dates	? KNo				Hispanic Ori ben, Mexicar Specify:		ecify Yes or No Rican, etc.)		e - Americ ck, White, : B1a	etc.	
21215-0020	i within 72 hours aft liene. r then "naturel", or the Medical Exerc	Completed	15. Decedent's E (Specify only highest gra Elementary/Secondary (0-12)			e. Dece (Give life.	dent's Usua kind of wo DO NOT us	i Occu rk done se retin	upation e during mos ed)	t of work	ing	18b. Kind of Bi	usiness/Ind	dustry	
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Mary	d 2 shorth end N 7 is main		19a. Informant'a Name/Relationship (Glorious Hawkins)									er, City or Town,		Code)	
	Heat Heat tam 2 other		20a. Method of Disposition	Daugneer	20b. Place cemet					31	Date	nd, MD 2 20c. Location -		own, State	
Baltimore,	permit. Pages 1 end 2 Department of Health e Important: If item 27 la any Injury or other trai		1 N Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	y)	9	lope	UM C	hur	ch Cem		7/27/96	Sunder	land	, MD	
Bal	Depart Import any In		21. Signature of Funeral Service Licer	8 Sn	0				ress of Facilit s Beac	sev		neral Ho e Frede		, MD	20678
	Physician		23a. Part1. Enter the disease, or com ahock, or heart failure. List only	plicetions thet cause one cause on each	ed the death. Do	not ent	ter the mod	e of dy	ring, such as	cardiec	or respiratory as	rest,	i	Approxin Interval I Onset ar	Between
7	/Medical		Immediate Cause (Final disease or condition	. C	rdiac	Arr	hyth	Mi					į	min	vas
ı	Examiner	L.	resulting in death)	a	Due to (or as								1		
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ó	stificate be executed ing physicien and e es the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	W	Due to (or aa's		quence of):								
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Box 6	attending p														
O. B	he att	Physician/	Pert li. Other significant conditions of	ontributing to death	but not resuiting	in the u	nderlying c	ause g	iven in Part I		23b. Did 1	obacco use co	ntribute to	the caus	se of death?
P.O.	es that the deligned by the a	/ Phy	Protic Ular	Disease							10	Yes 2□ No	3 Pro	bably \$	Unknown
of Vitai Records,	requires been sign should be	Completed by	, ,									an autopsy med?	av	ere autopo aliable pri impletion of death?	
Re	0 - 0	ошь									101	res 2 No		JYes 2	□ No
ıta	ysician: The s certificate director, pag	Bec	25. Was case referred to medical						26. Place	of Deat	h (Check only o				
> >	0 0	2	examiner? 1 Yes 2 No	Hospital: 1 ☐ inpat	ient 2 ER/C	Outpatier	nt 3 DC	A O	ther: 4 Nu	rsing Ho	ome 52 Resid	dence 6 Oth	er (Specif	(y)	
	Attending PI ir deeth. ector: After the by the funera		27. Manner of Death 1 Natural 5 Pending 2 Accident investigation	28a. Date of Inj (Month, D	ury ay Year) 28b	. Time of Injury	f 2 M	8c. Inju We 1 [uryat ork? ⊒Yes 2 🗆	No	28d. Describe I	now injury occur	red		
Division	or Atteath	Certification:	3 Suicide 6 Could not b 4 Homicide determined	286. Placa of ir	njury - At home, ntc. (Specify)	farm, str	reet, factory	, office			28f. Location (S City or Tox	Street and Numb vn, State)	er or Run	i Route N	umber,
	To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: Affer thi completely filled in by the funeral	edical C	29e. Certifier (Check only one) 12 Certifying Ph	ysician: To the best niner: On the basis of and manner s	of examination a	ge, deeth and/or in	occurred vestigation,	at the t	time, date an opinion, dee	d piace, th occur	and due to the red et the time,	cause(s) and ma dete and pieca,	anner as s and due to	tated. the caus	e(a)
	within To th	X	29b. Signature end title of certifier	2	ma		290		se number			29d. Date signe)
	5		30. Name and address of person who	completed cause of	•) (Type.	Print)		- ' '			7019	90'		
	<u> </u>		MICHAEL DIPR	E mo	130 }	1050	TAL	Ra	AA	PR	NUR FR	EDERICK	ms	30	8101
	Sta Registi		31. Date filed (Month, Day, Year) JUL 2 5 19	32 Regist	rara Signeture	andal	4								
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State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death **Physician** Month 4:10 P.M JO ANN CATHERINE CANNING 21,1996 JULY /Medical 4a. Fecility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 2721 BREABURN LANE CHESAPEAKE BEACH CALVERT If Under 1 Yeer | If Under 24 Hrs. | Months | Days | Hours | Min. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foraign Country) **Funeral** Months 1□ M 2□ 577-56-6639 Yrs 53 Director MARCH 15,1943 WASH., D.C. Usual Rasidanca of Decedant with the Maryland r 28a-f show 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Director MARYLAND 1 ☐ Yas 2 No CALVERT CHESAPEAKE BEACH 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6 Examiner must be 2721 BREABURN LANE 20732 U.S.A. Pages 1 and 2 should be filed within 72 hours after death a neat of Health and Mental Hygiene.
Instit if Hean 27 is marked other than "naturel", or items 23 mit; if item of other traumatic event, fin Medeal Executor mutury or other traumatic event, fin Medeal Executor muture. Funeral Was Decedent Ever in U,S. Armed Forcas? 13. Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. 1 Never Merried Married ☐ Yas 2 💢 No f Yas, Giva Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify: t Yas, Giva Yeer or Datas: 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 15. Decedant's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry PRINCE GEORGE COUNTY Elamantary/Secondary (0-12) College (1-4or 5+) 12 ADMINISTRATOR GOVERNMENT 17. Fathar'e Nama (First, Middle, Last) 18. Mother's Nama (First, Middla, Maiden Surnama) Be LEO DANERI ESTELLE CATHERINE DILLON 19a. Informant's Name/Retationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) ROBERT C. CANNING SAME AS #10 20b. Piaca of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Date 1 Burial 2 ☐ Cramation 3 ☐ Ramovel from Stata permit. Page Department of Important: If any Injury or once. 4 ☐ Donetion 5 ☐ Othar (Specify) SOUTHERN MEM.GARDENS 7-25-96 DUNKIRK, MARYLAND 21. Signature of Funeral Service Licensee 22. Name and Addrass of Fecility RAYMOND FUNERAL HOME uch DUNKIRK, MARYLAND 20754 23a. Pert1. Entar tha diseasa, or complications that eaused the death. Do not antar tha mode of dying, such as cardiac or raspiratory arrest, shock, or haart failura. List only one ceuse on each line. **Physician** /Medical Immediata Cause (Final diseasa or condition rasulting in death) metastatic Examiner Yeers Due to (or as a consequence of) Examiner physician and the bunal-transit or Attanding Physician: The law requires that the death certificate be axecuted Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disaase or Injury that initiated evants resulting in death) Lest Dua to (or as a consequenca of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): SB for usa Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. be detached 23b. Dfd tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Ware autopsy findings available prior to completion of cause of death? page 2 should Completed 24a. Was an autopsy performed? has certificate 1 Yas 28 No 1 Yas 2 No funeral director, Be 25. Wes casa rafarred to medical examinar? 26. Pleca of Death (Check only one) Hospital: 1 ☐ Yas 2 🛣 No Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Affer 1 Netural 2 Accidant 5 Pending Invastigation after death. 1 Yas 2 No 6 Could not be detarmined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Plece of Injury - At home, farm, straat, factory, office building, atc. (Specify) in by 4 Homicida 24 hours a Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar stated. 29a, Certifian Medical (Check only one) within 2 To the F 29b. Signature end titla of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) 738991 July 23, 1996 MD 12 30. Nama and address of person who completed cause of deeth (ttem 23e) (Type, Print) MICHAEL DIPRE, M.D. PRINCE FREDERICK, MARYLAND 20678

DHMH 16 Rev 6/95

Registrar

31. Dete filed (Month, Day, Year)

JUL 22 1996

32 Registrar's Signatura

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	Physici /Medi		Decedant's Name (First, Middle Mary Vi)		leary				2. Data of Dea Month July	Day 1996	Yeer	3. Time of Deeth 3:35AM
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	he Meryla 28a-f sho cutted at	Director	Md. Calv	•		nkirk						1 ☐ Yes 2 ☐ No
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020	n 72 hours efter death with the Meryland "netural", or Itams 23a or 28a-f show object Examiner must be notified at	by Funeral	11. Maritel Stetus 1 ☐ Never Married 2 ☐ Ma 3 월 Widowed 4 ☐ Divorce	H Vac Chia	,		s Decedant of l'as, specify Cub	Hispanic Origin? (Sp an, Mexican, Puarto Specify:	ecify Yes or No- Rican, atc.)	14. Rac Blac Specify	e - America ck, Whita, o	etc.
Maryland 21215-0020	within then then	15. Decedent's Education (Specify only highast grade completed) Elamantary/Secondery (0-12) Collega (1-4or 5+) Homemaker							ing		6b. Kind of Businass/Industry At Home	
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lary	d 2 should in and Men 7 is marked traumatic	-	19a. Informent's Neme/Ralation	ishlp (Type, Print)		19b. Mailing	Address (Stree	t end Number or Run			Stete, Zip	Code)
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Balti	pemit. Per Department Important: any injury once.		21. Signature of Juneral Service	JA X		182		ass of Facility L e Md. Blv	e Fune	ral Ho	me (Calvert,P.
	Physician /Medical Examiner)r	Immediate Cause (Final disease or condition rasulting in daath)	omplications the caused a only one cause on each lie	PIR		DRY		or respiratory and		<	Approximeta Intarval Between Onset end Death
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	To the Hospital or attanding within 24 hours after death. To the Funeral Director: After completely filled in by the fune	Medicai	(Check only 2 Madical one)	ing Physician: To the best of I Examiner: On the basis of and mannar sta	f examination	edga, death oon and/or inves	stigetion, in my	opinion, daath occurr	red et tha tima, d	ata and place,	and dua to	tha cause(s)
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	10		J.S. Rao M.D					owie Marv	land 20	0716-31	01	
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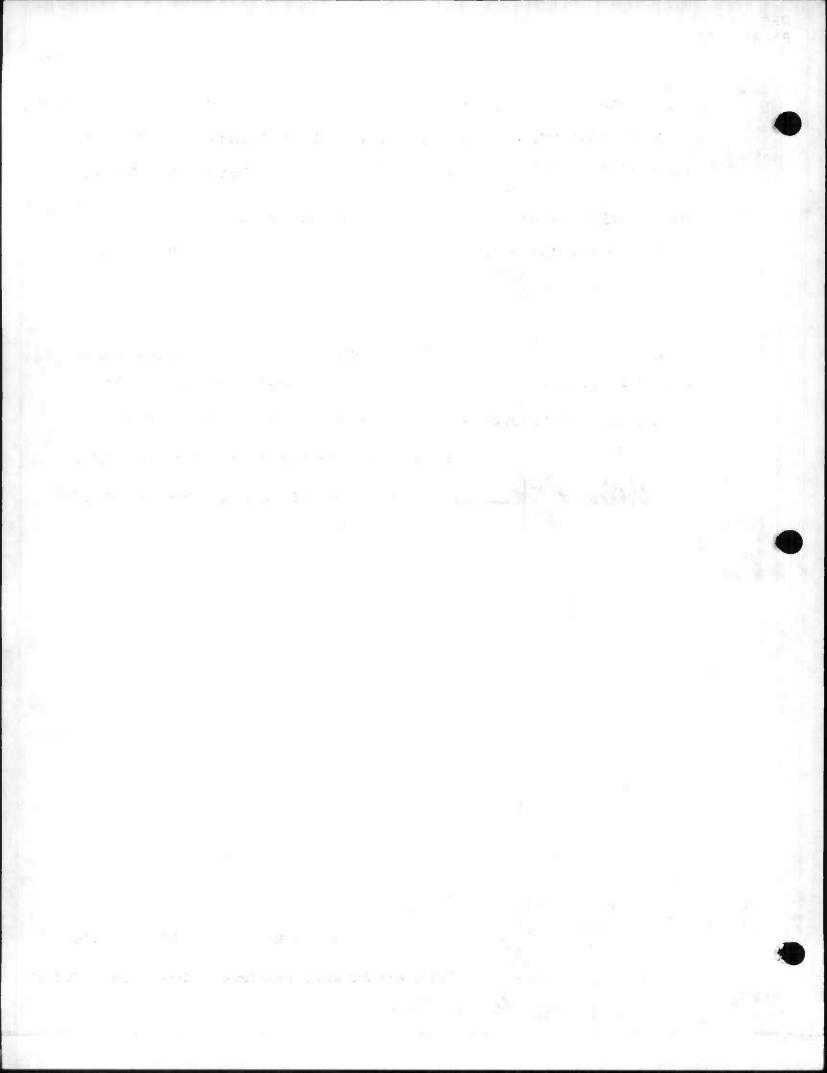
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noti	오上	10e. Street end Number		<u> </u>		10f. Zip Code			10g. Citizen of	Whet Coun	try?
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el', or items 23a or 28e-f ehov Examiner must be notified at	Funeral	11. Maritei Status	12. Was Deceder Armed Forces	nt Ever in L	J,S. 13.	Wes Decedent of	Hispanic Origin? ben, Mexicen, Pue	(Specify Yes or N	No- 14. Rai	ce - Americ	
5 du la	2	1 Never Married 2 Married	1 Yes 2 If Yes, Give			1 ☐ Yes 2 🛣 No		nto ricon, etc.)	Specif	ck, White,	etc.
edical Exa	D D	3 Widowed 4 Divorced	Year or Dates	:						whi	
edical	Completed	15. Decedent's Ed (Specify only highest great	ucetion de com <i>pleted)</i>		16e. Dece	dent's Usuai Occu	upation e du <i>ring</i> most of w ed)	rorking	16b. Kind of B	usiness/Ind	lustry
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	0	Thomas Louis Ca	rr				Reb	ecca E	lizabet	h Mo	ore
traumatic	-	19a. Informant's Name/Relationship (7)	ype, Print)		19b. Mallin	ng Address (Stree	et end Number or I	Rurel Route Num	ber, City or Town	, Stete, Zip	Code)
er tra		Christina M. Ca	rr/spou	ıse	4504	Hamil	ton Str	eet, H	yattsvi	.11e,	MD
or other		20a. Method of Disposition			Plece of Dispo	sition (Neme of netory or other pl	ece)	Date	20c. Locetion	- City or To	wn, State
n'y o		1 ☐ Burial 2 【Cremation 3 ☐ I 4 ☐ Donation 5 ☐ Other (Specify,		Α			Cremato	ry 7/1	5/96 Al	exand	ria, VA
eny injury o		21. Signature of Funeral Service License	900		22	2. Name end Addr	ress of Fecility			-	
2 9		Villeam K	1Cen		R	ausch Fu	neral Ho	me, P.A	., Owing	s, MD	20736
		23a. Part1. Enter the disease, or comp shock, or heart failure. List only	cation thet ceuse ne cause on each	ed the deel	th. Do not ent	er the mode of dy	ring, such as cerdi	ec or respiratory	errest,		Approximete Interval Between
cian	1										Onset and Death
ical iner	- 1	immediate Cause (Final disease or condition resulting in death)	a. Mul	tipu	e I	rjulie	1			i	
				Due to (or es e conseq	quence of):				1	
100			b			, _					
ounal-transm	LYG	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that billighed grants		Due to (d	or as a conseq	uence of):				i	
100	5	triat trittiated events	с.	Due to /o	or es e conseq	Hence off-					
S 7	5	resulting in death) Last		246 (0 (0	as a conseq	avito VI).				1	
Cian/Ma	2		d								
Physician/Me	200	Pert II. Other significant conditions con	ntributing to death	but not res	sulting in the ur	nderlying ceuse g	iven in Pert I.	23b. Die	d tobacco use co	ntribute to	the cause of death?
Phyelr								1	Yes 2 No	3 Prob	ably 4 Unknown
2 2	2							-	170		
Completed								24e. We per	s an autopsy formed?	eve	re autopsy tindings ilable prior to apietion of ceuse
i du	-					-				of d	leath?
								192	Yes 2□No	19	Yes 2 No
S S	3	25. Was cese referred to medicel examiner?	-losnitel					eath (Check only	one)		
12		1X Yes 2 No 27. Manner of Deeth	dospitai: 1 ☐ inpat		ER/Outpatien	1 OLI DON		_	sidence 8 XIOth	-	
inneral tion:		1 ☐ Netural 5 ☐ Pending	28a. Date of Inj (Month, D	ey Yeer)	28b. Time of injury	Wo	ork?]Yes 21⊠*No	Pedes /	how injury occur		by May
Cal	3	2 Accident investigation 3 Suicide 6 Could not be			0	eet, factory, office			(Street end Numb		3
Certification	5	4 ☐ Homicide determined	building, e	tc (Specif	(y)	oot, ractory, citics		City or To	own, Stete)	or or mural	, route (Vulliper,
		29a. Certifier 1 Certifying Physics	sician: To the beet	-	wiedge, death	occurred at the ti	ime, date and plea	e and due to the	9-1	nner as et	ated
edical		(Check only one) Medicat Exami	ner: On the basis of and menner s	of examina	tion and/or inv	estigation, in my	opinion, death occ	curred at the time	, dete end piece,	and due to	the ceuse(s)
completely filled in by the Medical Certifical	- 1	29b. Signature end title of certifier	0//			29c. Licen			29d. Date signe		
		4	16			0	.C.M.E.		JULY 3	13, 1	1996
	3	0. Neme and address of person who co									
		David R For	when	1	11 Per	nn Stre	et, Bal	timore	, Mary	land	21201
State	3	31. Date filed (Month, Dey, Year)	32. Begist	rer's Signe	eture o						

32. Begistrer's Signeture
Randoll

JUL 17 1996

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Arondod # 1, 7/15/96, Dos, Allegary Count State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Yeer OLAN Olen 5:43 P.M. **EDGAR** JULY 12 1996 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner SACRED HEART HOSPITAL CUMBERI.AND A
If Under 24 Hrs. 8. Dete of Birth
(Month, Dey, Year) ALLEGANY If Under 1 Year 9. Birthplece (State or Foreign Country)
Maryland 5. Sociel Security Number 7. Age (In yrs. last birthday) **Funeral** 1 XM 2 ☐ F Months Deys 65 Yrs. Director March 21,1931 220-26-9679 Usuel Residence of Deceden 10a State 10b. Count 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at MarylandBaltímore Baltimore 1 Yes 2□ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 618 Dumbarton Avenue 21218 USA 12. Wes Decedent Ever In U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Rece - American Indien, Bieck, White, etc. 72 hours after 1 ☐ Yes 2√☐ No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yes PNo Specify: by SpeciWhite 3 Widowed 4 Divorced Completed permit. Pages 1 and 2 should be filed within 72 t. Department of Health and Mental Hygiens. Important: if item 27 is marked other than "naturally once. 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentery/Secondery (0-12) Collage (1-4or 5+) Apartments Maintenance 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) 86 William Donald Edgar Dora Elizabeth Kahl 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) Alice Edgar-Wife 618 Dumbarton Ave., Baltimore, Md. 21218 20b. Piece of Disposition (Name of cemetery, crematory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2X Cremetion 3 ☐ Removel from Stete Cumberland CrematoryJuly 15,1996 Cumberland, Md. 4 ☐ Donetion 5 ☐ Other (Specify) of Funeral Service Licenses Eichhorn-McKenzie Funeral Home Lonaconing, Md. 21539 23a Part1/Enter the diseasa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, mook, or heart fellure. List only one cause on each line. Approximate Intervei Betw Onset and Deeth **Physician** /Medicai Immediata Causa (Final diseese or condition resulting in deeth) . ACUTE MYOCARDIAL INFARCTION 2 HRS Examiner Due to (or as e consequence of) ARTERIOSCLEROTIC HEART DISEASE physician and s the burial-transit Sequantially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): HYPERLIPIDEMIA P.O. Box 68760, 8 Physician/Medical Due to (or es e consequence of) attending signed by the aid be detached for Pert if. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 | Yee 2 | No Probably 4 Unknown HYPERTENSION Records, þ 24b. Were autopsy findings aveilable prior to completion of ceuse of death? s need 24e. Wes en autopsy performed? Completed 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Was cese referred to medical examiner? 26. Pleca of Death (Check only ona) Yes 2□ No Hospitel: 1 ☐ Inpatient SER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) this funeral 28a. Data of Injury (Month, Dey Year) 27. Mannar of Death 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: 28b. Time of After Attending Neturel 5 Pending death. 1 ☐ Yes 2 ☐ No Investigation 2 Accident i or Attend after death Director: / filled in by the 3 Sulcide 6 Could not be datamined 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, atc. (Specify) 4 Homicide Mospital c To the Hospital within 24 hours a To the Funeral E edicai 💶 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner es stated 29e. Certifier dical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture and title of certified 29c. License number 29d. Dete signed (Month, Day, Year) D09157 1996 JULY 12 30. Neme end eddress of person who complated causa of daath (Itam 23a) (Type, Print) PAUL SNOW, M.D. DPTY MED EX 124 W 3RD ST CUMB MD 21502 32. Flogistrar's Signiflura State Registrar

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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

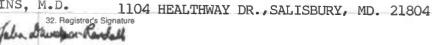
State of Maryland / Department of Health and Mental Hygiene

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-	-			-

					r war y la		rtificate o		a Wienkai Try	Reg. No.		20110			
	Physic	an	Decedent'a Name (First, Middle						2. Date of De Month	Day	Year	3. Time of Death			
7	/Medi	cal	BENJAMIN	F.	- 6 - 1	E	SLEY, J		Aug.	1 19		10:55 Am			
Á	Examir	ner	4a. Facility Name (If not Institution Salisbury Cente	The second second second		erCare			or Location of Death	4c. County					
	Funeral Director		5. Social Security Number 216–12–6763 Usual Residence of Decedent			s. last birthday)	If Under 1 Yee Months Dey	er If Under 24 H	Irs. 8. Date of Bir		9. Birthp	place (State or Foreign try)			
	Mand Mand		10a. State 10b. County		10c. (City, Town or Lo	ocation				1	0d. Inside City Limits			
	Mary and ah	tor	Maryland Some	rset		Prin	cess An	ne				1 Yes 2 No			
	h with the	al Director	10e. Street and Number 30543 Creek	View Dri	ve		10f. Zip Code	1853		10g. Citizen of W USA		itry?			
020	s I and 2 should be filed within 72 hours after death with the Maryland I Health and Mental Hyglene. tem 27 Is marked other than "natural", or Hems 23s or 28s-f show other traumatic event, the Medical Evantmet must be notified at	by Funeral	11. Marital Stetus 1 □ Never Married 2 Marri 3 □ Widowed 4 □ Divorced	# Von Ch	2 No		Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 N		(Specify Yes or No erto Rican, etc.)	- 14. Rece Bleck Specify:	, White,	ean Indian, etc.			
2-0	72 ho	ted	15. Decedent (Specify only highes	s Education		16a. Dece	dent's Usual Occ	supation ne during most of v red)	vorkina	16b. Kind of Bu	siness/Inc	dustry			
21215-0020	d within giene.	Completed	Elementary/Secondary (0-12) Grade 8	Coilege (1	1-4or 5+)		arpente:		voiking	Constr	ucti	on			
Maryland	should be file nd Mental Hy marked othy umatic event	To Be	17. Father's Name (First, Middle, I Benjamin 1					18. Mother's N	lame (First, Middle, Nina Can		9)				
Mar	2 2 2 2		19a. Informant's Name/Relationsh						Rural Route Number						
	1 and Health am 27 other tr		Eunice V. Esley 20a. Method of Disposition	(wife)	20b.				ive - Pri	ncess An					
IO III	00		1 ABurial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp				sition (Name of matory or other p) Family (lace) Cemetery		Marion					
altimore,	교투 본 분 .		21. Signature of Funeral Service L									1011, 110			
m	Depa Impo any is		Robert H. Bradshaw Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD 21817												
			23a. Pert1. Enter the disease, or shock, or heart failure. List of	complications that conly one cause on e	aused the de ech line,	ath. Do not ent	er the mode of d	ying, such as card	liac or respiratory e	rrest,		Approximete Interval Between Onset and Death			
	Physician /Medical		Immediate Cause (Finel												
	Examiner		disease or condition resulting in death) Due to (or as a consequence of):												
		ner													
	ificate be executed g physician and as the burial-transit	Examiner	Sequentially list conditions,	r	Due to	or as a consec	(uence of):	07	and,		- 1	1			
60,	be ex ician s burial	alE	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events	· CI	né	atos	e h	lan	/a la	~	9	un.			
68760,	T 0.0	edical	resulting in death) Last) ,	J Due to	(or as a conseq 2_	uence of):	/			1	, ~			
		an/M	,	6 C	017						- 17	Tomala			
. B	e death	Physician/N	Part II. Other significant condition	na contributing to de	eath but not re	esulting in the u	nderlying ceuse	given in Part I.	23b. Did	tobacco use con	tribute to	the cause of death?			
s, P.O	v requires that the de been signed by the should be detached	by Phy							1 🗆	Yes 2□ No	3 Prof	bably 4 Unknown			
Hecords,	The law requires that the death cer lie has been signed by the attendir page 2 should be detached for use	Completed								an autopsy rmed?	av	ere autopsy findings ailable prior to mpletion of cause death?			
		Com							10	Yes 2 No	10	Yes 2□ No			
Vital	defan: The certificate rector, pag	Be	25. Was cese referred to medicel examiner?	Hospital.			I	7	Death (Check only o	one)					
ō	Physical direction	: To	1 ☐ Yes 2 ☑ No 27, Manner of Death	Hospital:		ER/Outpatier	T 3L DOA		9 Home 5 ☐ Resident	dence 6 Othe		V)			
0	ofing th. T. After of fune	ation	1 ☑Natural 5 ☐ Pending investig	(Mont	h, Day Year)	Injury	W	ork? □ Yes 2 □ No	2001.00001100	ion injury cocurre	, ,				
DIVISION	al or Atter s after des I Director of in by th	Certification:	3 Suicide 6 Could n 4 Homicide determi	ned 288. Place	of Injury - At ng, etc. (Spec	home, farm, str	eet, fectory, offic	ө	28f. Location (: City or Tou	Street and Numbe wn, State)	or or Aura	I Route Number,			
	To the Hospital or Attending Physicien: within 24 hours after dealth at 25 februars Director: After this certifica completely filled in by the funeral director,	edical C	29a. Certifier 1 ☐ CertifyIng (Check only one) 2 ☐ Medical E	Physician: To the examiner: On the ba	best of my kr sis of examir stated.	nowiedge, death nation and/or In-	n occurred at the vestigation, in my	time, date and pla opinion, death oc	ice, and due to the courred at the time,	cause(s) end mer dete and place, a	nner es si nd due to	ated. the ceuse(s)			
	To the Within 2 To the comple	Me	29b. Signature and title of contrar	29c. License number 29d. Data signed (Month)					(Month,	Day, Year)					
			30. Name and address of person v	no completed caus	e of death (Ite	em 23a) (Type,	Print)	-1-1	/	17/10	0				
			MICHAEL ATK	INS, M.D.		1104 H	EAT.THWAY	DR. SAT.	TSBURY.	4D 2180	1				

State Registrar

31. Dete filed (Month, Day, Year) AUG 06 1996

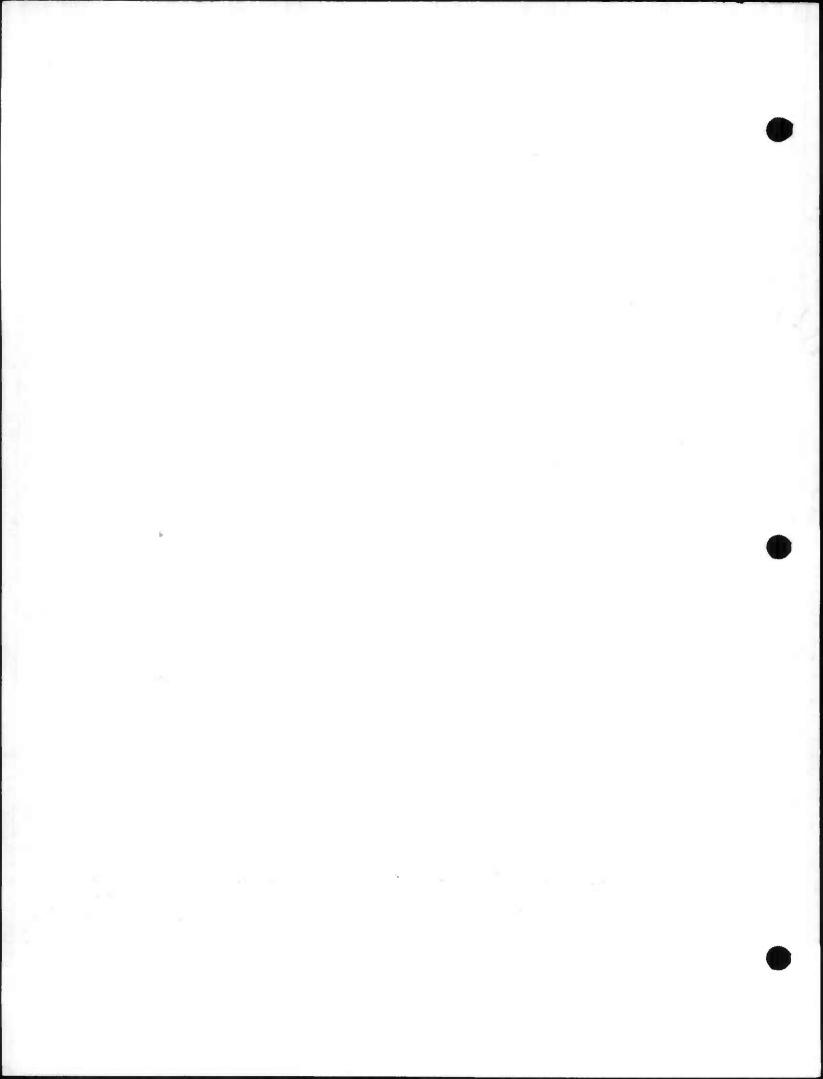


The state of the s mini at the state of the state of verted of removement minimum per commencial est a son medical est a service est TO BE COMPLETED BY FUNERAL DIRECTOR

S PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the sharp and Mental Hyriene prior to burial, cremation, or removal.	arked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requir) THE FUNERAL DIRECTOR: After this certificate has been signed within 22 hours after death with the State Dept. of Ho	Is mark

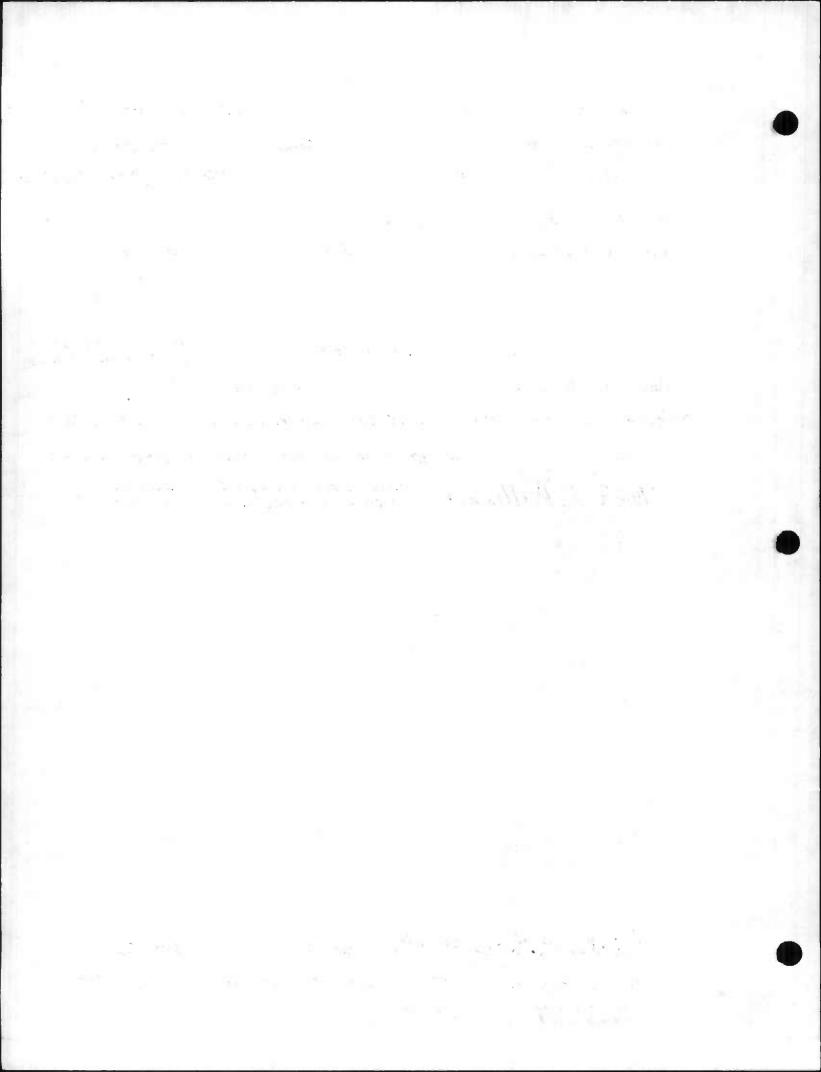
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		STATE OF N	MARYLA	ND / DEPAR CERTIF									
1. DECEDENT'S NAME (First,	Middle, Last)			OLITTI	IOAI	LOI	DLA	111	2. DATE OF DE	G. NO.			3. TIME OF DEATH
Emory Tis		ins							July	DAY	1996	YEAR	12:07 AM
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In	yrs. last birthday)		ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI	RTH	_		PLACE (State or Foreign
220-28-30	00	1 💢 M 2 🗆 F		94YRS.	MONTHS	DAYS	HOURS	MIN.	July 1		902	Country	ryland
9a. FACILITY NAME (If not ins		treet and number)			9b. Cf	FY, TOWN C	R LOCATI	ON OF DE			9c. COUN		-
Westminst	er Nur	raing Hom	10				Vestn	ninat	tor				arroll
Westminst			ic .				1CS CI	IITIID	CET				alloll
toe. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
MD	Car	roll			We	stmir							1 TYES 2 X NO
10e. STREET AND NUMBER						101	. ZIP COD	E		1	10g. CITIZ	EN OF WI	HAT COUNTRY?
1234 Wash	ingtor								211			I	Inited States
11. MARITAL STATUS 1 Never Married 2	Marriad	12. WAS DECEOEN FORCES? 1			10				NIC ORIGIN? (Spin, Puerto Rican,		No-	14. RACE Black,	- American Indian, White, etc.
3 🔀 Widowed 4 🗆 Divor		IF YES, GIVE V	WAR OR DAT	TES		1 TYES	2 X NO	Specif	y:			Specify	
15. DECE	EDENT'S EDU	CATION	T	18a. DECEDENT'S	LIGHAL	OCCUBATION	M.		165 KIND	OF BUSIN	ECC/INDI	IOTEW	White
(Specify only	highest grade	completed)		(Give kind of life. Do NOT u	work don	e during mo		ng	100. KIND	Or BUSIN	E33/INDU	Jaint	
Elementary/Secondary (0-	-12)	College (1-4 or 5	*'	tax a	asse	ssor						cour	ity government
17. FATHER'S NAME (First, MI	ddle, Last)						18. MOT	HER'S NA	ME (First, Middle,	Maiden Su	mama)	_	
James Edw 19a. INFORMANT'S NAME (7)		rans		19b. MAILING	ADDRE	SS (Street a	nd Number	r or Ruml	Route Number, Cit	ith /			
Miriam Ro		daughter											York 20591
20a METHOD OF DISPOSITI	ON	and the	20b. I	PLACE AND DATE	OF DISP	OSITION (Na	me of	8/	3/976TE	20c. LOCA	TION — C	ity or Tow	vn, State
4 Donetion 5 Other		oval from State	came	tery, crematory or c	other plac	on Ce	emete	erv	37 30	F	inks	bura	, MD
21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE							uneral				
> X Draw		Pritto ->	1	7		- 2	112 W	ashi	ngton R	d., W	estm	inst	er, MD 21157
23. PART I. Enter the di					not ent	er the mo	da of dy	Ing, suc	h aa cardlac c	or reaplinat	tory arre	at.	Approximata
shock, or he	art fellure.	List only one ceu	se on ea	ch line.			,				,		Interval Between Onset and Death
IMMEDIATE CAUSE (Fin disease or condition		· CAY	2010	VAMA	1	AL	0	000	CTAT	- V=			Q 1/C x N
resulting in death)		DUE TO	(OR AS A	CONSEQUENCE C	PF):	UF	P	120	5141				1/5/15
Sequentially list conditi- if any, leading to immed		DUE TO	(OR AS A	CONSEQUENCE O	F):								
ceuse. Enter UNDERLYI	NG	C.											
CAUSE (Disease or Inju- that initiated events	y]	DUE TO	(OR AS A	CONSEQUENCE O	IF):								
resulting in deeth) LAS	Г	d											
PART II Other elemities	nt appelition	a aantella etta a ta	ala atla la		I- Ab				n			1	
PART II. Other eignifica	THE CONDICTION	- contributing to	death bu	it not resulting	in the	underlyin	g cause !	given in		WAS AN AU PERFORMI			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
M					_				1 🗆	YES 2	MO		COMPLETION OF CAUSE OF DEATH?
							/						1 TES 2 NO
DID TOBACCO U		RIBUTE TO CA					UNC	CERTAI	N 🗆				
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	2	6. PLACE OF DEA	OTH								
1 TYES 2 1 110		1 Inpatient 2	-			7		esidence	6 Other (Spe				
27. MANNER OF DEATH	Pending	26a. DATE Of (Month, E		26b. TII	AE DF JURY		RK?	L 900	28d. DEŞCRIBI	E HOW INJ	URY OCC	URED	
	nvestigation				W		YES 2	_ NO					
	Could not be	28a. PLACE (building,	atc. (Specif	At home, term,	atreet, t	ectory, offic	•		261. LOCATION City or Tow	l (Street and m, Stete)	d Number (or Aural Ad	oute Number,
204 CERTIFIED													
(Check only		ICIAN: To the beat of											
2 MEDI	CAL EXAMINE	R: On the beels of s	xamination	and/or investigati	on, in m	y opinion, d	eath occu	red at the	time, data and p	place, and o	due to the	cause(a)	end menner as stated.
296. SIGNATURE AND TITLE	OF CENTIFIE	111	11-	^			29c. LIC	ENSE NU	MBER	2	29d. DATE	SIGNED	(Month, Pay, Year)
to an	OL	y WE	www	EI M	D		T	111	496		> /	13	1/96
30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEA	TH (ITEM 27) (Type	e, Print)	912	W	'AS	HINC	TON	0	Ro	90
VHILL-	L W	FLLIVI	-12	MV		W	ES	Tr	YINS	TEI	2	NA	RYLAND
31. DATE FILED (Month, Day,		12 REGISTA	R'S SIGNA	Rardell								,	21157
AUG 1	1996) //											



State of Maryland / Department of Health and Mental Hygiene 96 23778

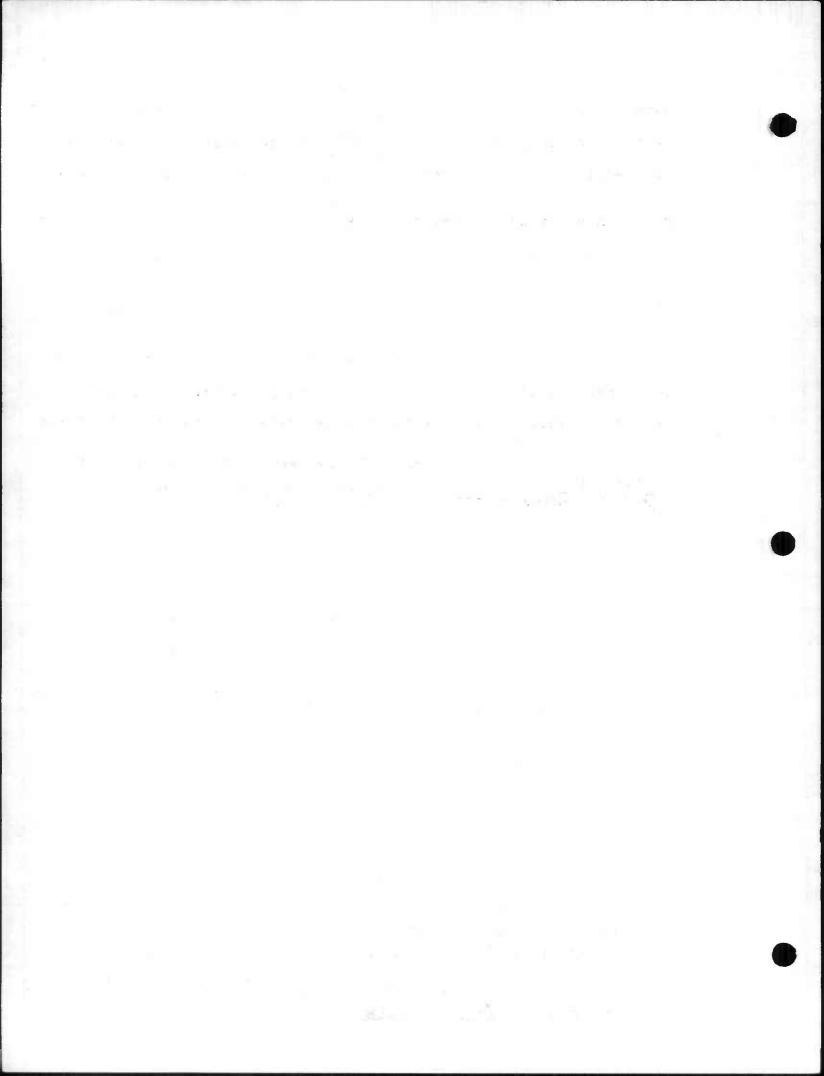
Physici /Medic	25	Decedent's Name (First, Middle	e, Last)					2. Dete of Dea Month	th	Mara.	ime of Death			
	_	Alston	0. Fu	ınk, Jı						996 1	1:00 a.			
Examin		4e. Facility Name (If not Institution	o, give street and numb	er)			4b. City, Town, or	Location of Death	4c. County	y of Death	100			
		24804 Showbarn					Damascu		Mont	gomery				
Funeral		5. Social Security Number	6. Sex 7 1 1 M 2 □ F	Age (In yrs.		if Under 1 Year Months Days		(Month Day	Yearl	9. Birthplace (5	State or Foreign			
Director		232-04-1770	10111 201	56	Yrs.			March	12, 194	0 West	/irgini			
Mo to		Usual Residence of Decedent 10a. State 10b. County		10c. Cit	y, Town or Loc	eation				10d ins	eide City Limits			
f show	ō	Maryland Mont	tgomery								Yes 2 No			
r 28a-f sh nottfied	Director	10e. Street and Number	egomery	D	amascus	T			0- 04					
23a o		24804 Showbar				10f. Zip Code 208			Ameri	What Country?				
natural, or items 23a or 28a-f show dical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Marri 3 Widowed 4 Divorced	12. Was Deced Armed Forc 1 P Yes 2 If Yes, Give Year or Date	[□] N ₀ 1959	_ 1	Vas Decedent of Yes, specify Cut ☐ Yes 2 No	Hispanic Origin? (Spen, Mexicen, Puer Specify:	pecify Yes or No- to Rican, etc.)	Blac	ce - American Ind ck, White, etc. y: White	ian,			
natural.	Ped	15. Decedent	's Educetion	196	16a Decede	ent's Usual Occu	pation		16b. Kind of B	usiness/Industry				
44	Be Completed	(Specify only highes Elementary/Secondary (0-12)	Ť	0. E.\	(Give k	rind of work done O NOT use retire	during most of wo	rking						
r than	E	Elementary/Secondary (0-12)	College (1-4	or 5+)	Syste	ems Anal	yst		-	mery Cou	-			
other vent, tr	e	17. Father's Name (First, Middle, I	Last)				18. Mother's Na	me (First, Middle, I	Maiden Suman	School-	System			
Mentel arkad o atic eve	ToB	Alston 0. Fu	unk, Sr.				Inez	Hebb						
end Mentel is markad or raumatic ev		19a. informant's Name/Reletionsh	nip (Type, Print)		19b. Mailing	Address (Stree			, City or Town,	State, Zip Code)				
f Health end Mentel Hyg tam 27 is markad othe other traumatic event,		Patricia Funk La	atona - Wi	e	24804	Showba	rn Circle	, Damasc	us, Man	ryland 2	0872			
of Health I itam 27 i r other tru		20a. Method of Disposition			laca of Dispos	ition (Name of								
Y E E							torium	7/14/96	Bethesd	la. Marv	land			
mportant: If any injury or once.	-		-1							a, aary.	Luiru			
Departme importan any injur		Patricia Funk Latona - Wife 24804 Showbarn Circle, Damascus, Maryland 2087 20a. Method of Disposition Burlai 2 Cremation 3 Removal from State 4 Donation 5 Stother (Specify) 21. Signature of Funeral Service Licensee 24804 Showbarn Circle, Damascus, Maryland 2087 20b. Placa of Disposition (Name of cemetery, crematory or other place) Montgomery Crematorium 7/14/96 Bethesda, Maryland 22. Name and Address of Facility Olin L. Molesworth, P.A., Funeral Home												
		povert L	. VV MMA	no	26	401 Ridg	ge Road,	Damascus	, Maryl		0872			
		23a. Pert1. Enter the disease, or shock, or heart failure. List	complications that ceu only one cause on eac	sed the death h line.	n. Do not ente	r the mode of dy	ing, such as cerdia	or respiratory arr	est,	interv	ximate ai Between			
nysician		W 17 17 17 17 17 17 17 17 17 17 17 17 17								Onse	end Death			
Medical kaminer		Immediate Ceuse (Final disease or condition ASPHYXIA (Carbon Monoxide) 4 Hours												
· ·		a. ASPHYXIA (Carbon Monoxide) Due to (or es e consequence of):												
er.	ine in		- b											
physician and the burial-transit	Examiner	Sequentially list conditions,	0.											
yan a	<u> </u>	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury												
hysic the b	edical	that initiated events resulting in death) Last	C	Due to (or	as a consequ	ence of):					/ /			
Co di	Z e	New Section 1971												
			d											
the att	SIC	Part II. Other significant condition	ne contributing to deat	n but not resu	ulting in the uni	derlying cause gi	iven in Part I.	23b. Did to	bacco uae co	ntribute to the co	nuse of death?			
by th	Physician/							1□ Y	98 2□ No	3 Probably	# Onknow			
signed b	by F													
uid b								24a. Was a		24b. Were aut	opsy findings			
	Completed							perform	ned?	available completion of death?	n of cause			
s been s	Ĕ								Х					
ge 2 sho		OF Mean and referred to the district						1 □ Y€		1 🗆 Yes	2 L No			
icata has bee r, pege 2 sho	and I	25. Wes case referred to medicel examiner?	Hospital:			Ott	hor	ith (Check only on						
ertific ector,			1 Linp		ER/Outpatient	3LI DUA	4 Li Nursing F	ome 5 Reside						
his certific al director,	၉	1 Yes 2 No	Zoa. Date of	njury Da <i>y Year)</i>	28b. Time of Injury	28c. inju Wo		28d. Describe ho		red				
his certific al director,	၉	27. Menner of Deeth 1 Natural 5 Pending			4: A.		Yes 2 No	SELF- IN						
his certific al director,	၉	27. Menner of Deeth 1 Natural 5 Pending 2 Accident investigs	ation 7/13/96			28f. Location (St	ocation (Street and Number or Rural Route Number,							
ector: After this certific by the funeral director,	၉	27. Menner of Deeth 1 Natural 5 Pending 2 Accident investigue 3 Suicide 6 Could no	ation 7/13/96	injury - At ho etc. (Specify										
Director: After this certific in by the funeral director,	Certification: To	27. Menner of Deeth 1 Natural 5 Pending investigated a Homicide 5 Pending investigated 6 Could number determine 5 Pending investigated 5	ation of be ned 28e. Place of building, 24804	HOWBARN	CIRCLE			DAMASCUS,	MD. 208					
Director: After this certific in by the funeral director,	Certification: To	27. Menner of Deeth 1 Natural 2 Accident 3 Suicide 4 Homicide 29a. Certifier 1 Certifying	ation ot be ned 28e. Place of building. 24804	HOWBARN st of my know	CIRCLE	occurred at the ti	me date and place	DAMASCUS,	MD. 208	nner as stated				
ector: After this certific by the funeral director,	Tedical Certification: To	27. Menner of Deeth 1 Natural 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) 27. Menner of Deeth investigation investigati	ation of be ned 28e. Place of building, 24804	SHOWBARN st of my know of examinat	CIRCLE	occurred at the ti estigation, in my o	ime, date and place opinion, death occu	DAMASCUS, , and due to the ca rred at the time, de	MD. 208 ause(s) and ma ate and place,	anner as stated. and due to the ca	use(s)			
Director: After this certific in by the funeral director,	Tedical Certification: To	27. Menner of Deeth 1 Natural 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only 2 Medical E	ation of be ned 28e. Place of building. 24804.	SHOWBARN st of my know of examinat	CIRCLE	occurred at the ti	ime, date and place opinion, death occu	DAMASCUS, , and due to the ca rred at the time, de	MD. 208 ause(s) and ma ate and place,	nner as stated	use(s)			
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Director: After this certific in by the funeral director,	Medical Certification: To	27. Menner of Deeth 1 Natural 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) 27. Menner of Deeth investigation investigati	ation of be a series of building. 24804 g Physician: To the be taminer: On the basis and manner.	SHOWBARN st of my know of examinat stated.	CIRCLE viedge, death of ion and/or inve	occurred at the ti estigation, in my of 29c. Licens	ime, date and place opinion, death occu se number	DAMASCUS, , and due to the ca rred at the time, de	MD. 208 ause(s) and ma ate and place, a 9d. Date signed	anner as stated. and due to the ca	use(s)			
ector: After this certific by the funeral director,	Medical Certification: To	27. Menner of Deeth 1 Natural 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) 29b. Signature and title of certifier 30. Name end eddress of person was	ation of be a series of building. 24804 g Physician: To the be taminer: On the basis and manner.	SHOWBARN st of my know of examinat stated.	CIRCLE wiedge, death of ion and/or investigation and/or investigation and/or investigation and/or investigation and/or investigation and/or investigation and/or investigation and/or investigation and/or investigation and	29c. Licent D01	ime, date and place opinion, death occu se number	DAMASCUS, , and due to the ca rred at the time, di	MD. 208 ause(s) and me ate and place, seed Date signed	anner as stated. and due to the ca d (Month, Day, Yo	ouse(s)			



State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** July 18 1996 Anne Fedak 6:58 AM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Meridian Nursing Ctr. Severna Park Anne Arundel If Undar 1 Yaar Months Days if Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days Hours 1 M 2 F Yrs 217-03-6132 May 14 1915 Maryland Director 81 Usual Residence of Decedent filed within 72 hours efter deeth with the Maryland Hygiene. 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits show r than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at 1 ☐ Yes 2√☐ No Director MD Anne Arundel Severna Park 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 411 Fernwood Drive 21146 USA Funeral 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, 11. Marital Status Biack, White, atc. 1 Yes 2 No
If Yes, Give
Yaar or Datas: 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify à 3 Nidowed 4 Divorced White 16a. Decedent's Usuai Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 10 Homemaker Home permit. Pages 1 and 2 should be filk Department of Heelth end Mentel Hy Important: If Item 27 is marked oth any Injury or other traumatic event page. 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maiden Surname) Be John Grant Russell Mary Cecilia Lambdin 19a. informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zio Code) / daughter411 Fernwood Drive Severna Park MD 21146 Hikes Kathryn 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State Date 1 Burial 2 ☐ Cremation 3 ☐ Removal from State Cedar Hill Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) Brooklyn, MD 7/22 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility Barranco & Sons Funeral Home 23a. Part1. Enter tha disease, or complications that causad tha death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or haart failure. List only one cause on each line. 21146 Approximate Interval Between Onsat and Death **Physician** immediate Cause (Final disease or condition rasulting in death) /Medical meunon Examiner Due to (or as a consequence of) Physician/Medical Examiner The lew requires that the death certificate be executed ettending physician and for use as the buriel-transit Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Dua to (or Division of Vital Records, P.O. Box 68760 Due to (or as a consequence of): resulting in death) Last Part ii. Other significant conditions contributing to death but not resulting in the undarlying causa given in Partyl. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24b. Were autopsy findings available prior to completion of ceusa of death? 24a. Was an autopsy performed? Completed certificate hes 1 Yes 2 No 1 Yes 2 No or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 1□ Yes 2□ No 10 1 Inpatiant 2 ER/Outpatient 3 DOA After this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. tnjury at Work? 28d. Describe how injury occurred Certification: 1 Maturai 5 Pending investigation after deeth. 1 Yes 2 No 2 ☐ Accident the 8 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Sulcida 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicida 24 hours a Hospital edical 29a. Certifier 10 Certifying Phyelcian: To the best of my knowledge, death occurred at the tima, date and place, and due to the cause(s) and mannar as atated. completely 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) within 2 4 29b. Signature and title of certifian 29d. Date signed (Month, Day, Year) UNDO 30. Name and address of person who completed ceuse of death (item 23a) (Type, Print) em in suce 31. Date filed (Month, Day, Year) 32. Registrar's Signature State JUL 2 6 1996 whice Davidson -Mandell Registrar

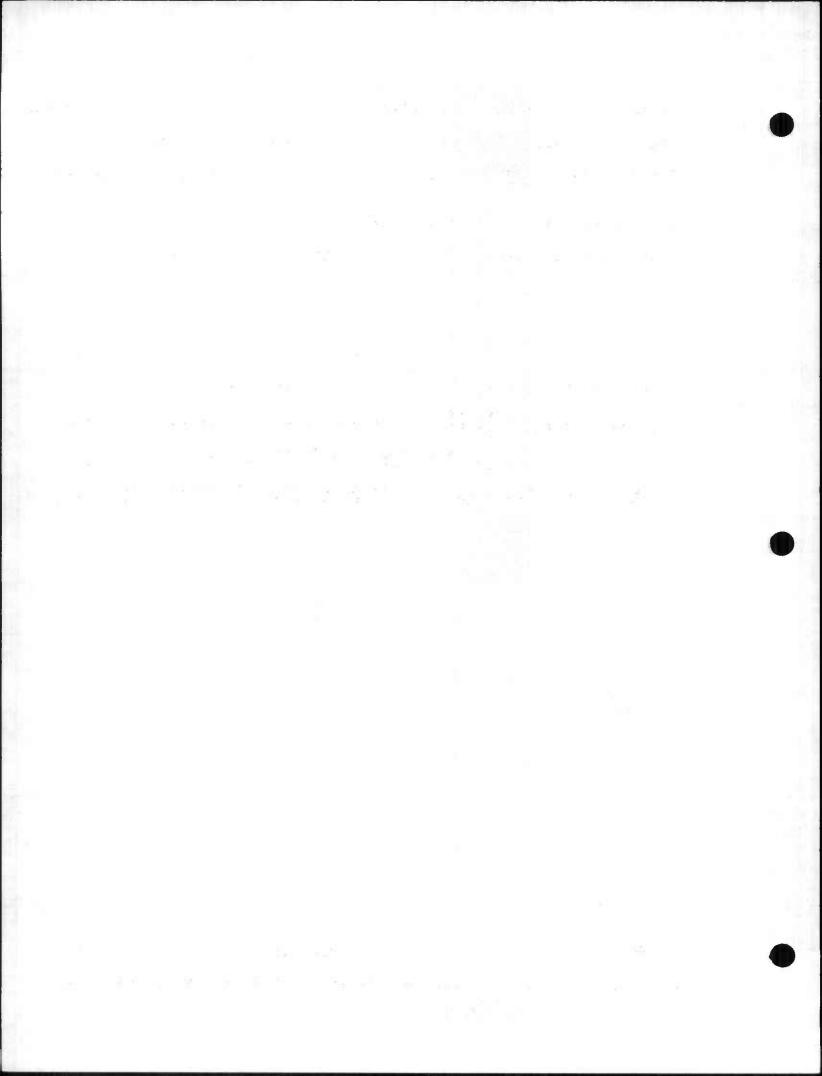
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

23780

						(Certifica	te o	f Death	7		Reg. No.				
			1. Decedent's Name (First, Middle	Last)							2. Date of De	eth			3. Time of I	Deeth
	Physici		Kevin	Glenn		Fi	sher				June 1	2, Day	199	6	10:20	Dam
	/Medi Examir		4e. Fecility Nema (If not institution,	give street end n	um <i>bar</i>)				4b. City, T	own, or L	ocation of Deet		County of I	Deeth		
	=		Chesapeake 1	Rav					Lus	h v		(Calve	rt.		
	Funeral			6. Sax	7. Aga (In yrs	last birtho		er 1 Yea	r If Unda	r 24 Hrs.	8. Date of Bir	rth	9.	-	aca (Steta or	Foreign
п	Director		216-92-5594	1፟፟፟፟፟ M 2□ F	3	1 Yn	Months	Day	s Hours	Min.	(Month, Di			Count	land	
	ס		Usuai Residence of Decadant					1			1 - 2			G 2)	1 011 0	
	ylan		10e. Stete 10b. County		10c. C	ty, Town o	r Location							10	d. inside City	y Limits
	Me -	to	Virginia Accor	nack	As	sawo	man								1 🗆 Yes	2₽No
	1 28 P	Director	10e. Street and Number				10f. Z	ip Coda				10g. Clt	izen of Wha	t Count	ry?	
	38 o		11380 Atlant:	ic Road				23	3302			US	SA			
	ter deeth with the Menylar Neme 23e or 28e4 ehow	Funeral	11. Meritai Status	12. Was De	cedent Evar in L	J,S.	13. Was Dec	edent of	Hispenic O	rigin? (Sp	pecify Yas or No Rican, etc.))-	14. Rece - /	Amarica	in Indian,	
0	or its		1 Never Married 2 Marrie	Armed F	20No						Hican, etc.)		Bleck, V	Vhita, a	tc.	
02	urs o	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, G Yaar or I	iiva Dates:		1 🗆 Yes	2LAN	o Specify				Specify:	whi	te	
Maryland 21215-0020	in 72 hours effer deeth with the Maryland "natural", or fiems 23s or 28s-f show ledical Examiner mark be notified at	Completed	15. Decedent	s Education		16a. D	ecedent's Us	uel Occ	upation			16b. Ki	ind of Busin			
210	nin 7	pe	(Specify only highest Elementery/Secondery (0-12)	1	(1-4or 5+)	- (C	ive kind of w le. DO NOT	use retii	a <i>during</i> mo. red)	St of Work	ang					
2	filed within Hygiene. ther than ent, the Me	0	12	Comogo	(1 401 01)	Mea	t Mar	age	er			Ret	ail	Gro	cery	
b	be filed tal Hygid d other	Be	17. Fether's Neme (First, Middle, L	ast)					18. Moth	er's Nam	e (First, Middle	, Me <i>id</i> en	Sumema)			
<u>a</u>		ToE	Lemuel Frank	Fisher					Jud	у Та	arr					
an	P D E F		19e. Informent's Neme/Relationsh	lp (Type, Print)	(wife)	19b. M	leiling Addre	ss (Stre	et end Numb	er or Ru	ral Route Numb	er, City o	r Town, Ste	te, Zip	Code)	
	C T N L		Debra Jane Wh				398 1	eri	non R	oad.	, Watt	svil	lle,	VA	2348	3
ē,			20e. Method of Disposition		2.0		141 44.4									
5	Pages nent of int: if its		M⊠Burlal 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp		State A S	sawo	man	TMC	Chur	ch 6-	Dete - 16 - 19	96	Assaw	o m a	n. V	A
altimore,	교 된 된 존 .		21. Signature of Funeral Service L		Ue	mete			ress of Facil		10 17	, ,	1000.	0 111 0	,	
B	Depa Impo any I		NUXT F	5	//		Barra	anco	and	Son	ns Fun					
			23a Part 1 Enter the disease or	complications that	caute of the dee	th. Do not					., Sev		a Par	k,	MD 2 Approximate	1146
	Di dila		23a. Pert1. Enter the disease, or a shock, or heart fellure. List of	nly one ceuse on	aech lina.	un. Do not	enter the mi	00 01 0	ying, addir as	Scardiac	or respiratory o	illest,			Intarval Betw Onset and D	reen
J.	Physician /Medical		Immediate Cause (Finel											1		
	Examiner		disaesa or condition resulting in deeth)	eDF	ROWNING	j										
		e			Due to (or as a cor	nsequence of):						i		
	be axecuted sician and burial-transit	Examiner		b	D 4- /		1.,	١.						1		
~	axec n an	Еха	Sequentially list conditions, if any, leeding to immediate causa. Entar Underlying		Due to (or es e cor	sequence of	j.								
68760,	certificate be axecuted Iding physician and Ise as the burial-transit		Ceuse (Diseasa or injury thet initiated events	C	Due to /s		annuana of							-		
68	leath certificete L attending physic d for use as the b	Medical	resulting in deeth) Last		Due to (c	H es a con	sequance of									
×	rent nding use	2		d										-		
Bo	death e atten ed for u	cla	Part II. Other stankings and date.	a a satulto disc to	de add by de and and			0	all car.		ook ptu	A=6				
0	the school	Physician/	Pert ii. Other aignificant condition	s contributing to c	Jeath Dut not res	suiting in tr	e underlying	cause	givan in Pert	1.					the cause of	
۳,											טי	108 2	□ NO 3[_ Prob	ably 4 K	mknown
Records,	requires t een signe hould be	ed by									24a. Was		osy 2		e autopsy fir	
00	_ D m	lete									perfe	ormed?		con	ilable prior to pletion of ca	use
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a	ician: The la certificate he rector, page		05.14										□ No	1 🖂	Yes 2□1	10
Vital	Physician: this certific ral director,	Be	25. Wes case referred to medical exeminer?	Hospitel:				10	26. Plec Other:	a of Deet	th (Check only	one)				
of	두 두등	. To	1 X Yes 2 No 27. Menner of Deeth	1	inpatiant 2 c		itlent 3 C	01	4 L 14	ursing Ho	ome 5 Resi			Specify)	
Z		No.	1 ☐ Neturel 5 ☐ Pending	(Moi	nth, Day Year)	Inju	ry .	28c. inj	ork?	(No	28d. Dascribe	()	y occurred			
Sic	Attending ir deeth. actor: After by the fune	cat	2 ☐ Accident investige 3 ☐ Suicida 6 ☐ Could no	ot he	12,1796	7:3			□Yes 2	(140	Juplec	T tou	nd ir	1 W	ater	
Division	or At after Olrec in by	Certification:	4 Homicide	200. FIEL	e of injury - At h ling, etc. (Speci	fy)	, street, fecto	ry, offic	е		28f. Location (City or To	wn, State) _	or Hurai		
	urs a rail D				Wat						Barres	Isla	7	ver	+ 6. M	D
	To the Hospital or Attentwithin 24 hours after deet To the Funeral Director: completely filled in by the	edical	(Check only 2 Medical E	Physician: To the xaminer: On the t	pesis of examine	owledge, detion and/o	eeth occurre r investigatio	d et the n, in my	time, date a opinion, de	nd place, eth occur	and due to the red et the time,	cause(s) dete end	and manne place, and	due to	ited. the cause(s)	
	the the mple	Med	20h Signature and title of certifier	and mai	nner steted.		100	an Line	nee numbe-			204 De	to elened /4	Annth F	au Vees	
	or with or no		29b. Signature end title of cartifier	101	1. 0	. /	25	JU. LICO	nse number			23U. D0	te signed (A	roruri, L	ray, reer)	
			Mulyonto	Meyor	ue o			0	.C.M.	Ε.		JUI	NE 13	3,19	996	
			30. Neme end eddress of person w	ho completed cau												
				te, MD			nn St	ree	t, Ba	ılti	more,	Mar	yland	1 2	1201	
	Sta		31. Data filed (Month, Dey, Year)		Registrar's Sign		0.1.00									
	Registr	ar	JUL 2 6	1330	Julia Dav	(470V-1	Janasac									



DIVISION OF VITAL RECORDS, P.O. BOX 68760

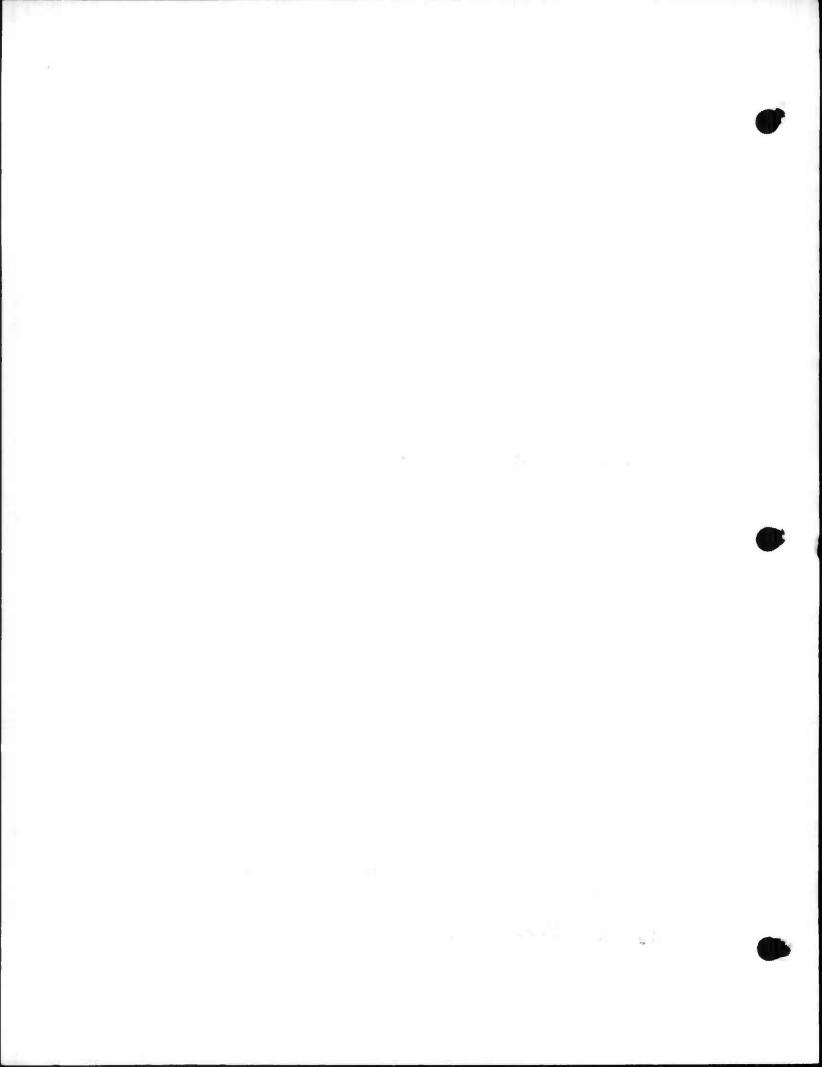
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within SK hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT		HYGIENE
CERTIFICATE	OF DEATH	BEG. NO.

	1 - STATE OF MARY REGISTRAR	LAND / DEPARTM CERTIFIC	MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	
()	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	Augustus Forbu	sh , Jr.		July 26.	1996 3:10 P M
1	The state of the s	71	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	218-16-6577 1 X M 2 🗆 F	Tho.			925 Maryland
œ	8a. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION OF		C. COUNTY OF DEATH
5	Alice Byrd Tawes Nursin	g Home	Crisfield, 1	1D	Somerset
DIRECTOR	10e. STATE 10b. COUNTY		OWN OR LOCATION		10d. INSIDE CITY LIMITS?
	Maryland Somerset	Cr	isfield		1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 230 N. Somerset Avenue		10f. ZIP CODE		Og. CITIZEN OF WHAT COUNTRY?
N.	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN HE ADMED	218:		U.S.A.
	FORCES? 1 N YE	S 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi 1 TYES 2 NO Spec	en, Puerto Ricen, etc.)	Black, White, etc.
BY	3 Wildowed 4 Divorced W. W. II-U.	S. Army	TES 2 25 NO Spec	eny:	Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USI	JAL OCCUPATION done during most of working	16b. KIND OF BUSING	ESS/INDUSTRY
<u> </u>	Grade 10 College (1-4 or 5+)		done during most of working tired.)		
M	17. FATHER'S NAME (First, Middle, Last)	Owner		Oyster Bu	
	Augustus Forbush, Sr.			AME (First, Middle, Maiden Sun an A. Guy	name)
8	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rura		State Zio Corie)
5	Rebecca Forbush (Wife)		Somerset Aver		
	20g METHOD OF DISPOSITION 1 & Burial 2 Cremation 3 Removal from State	Db. PLACE AND DATE OF D	ISPOSITION (Name of	DATE 200 LOCAT	TION — City or Town, State
	4 Donation 5 Other (Specify)	Sunnyridge	Memorial Park	-7/29/96 C:	risfield, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	/ /	22. NAME AND ADDRESS OF P Bradshaw & S	ACILITY	Homo
	Robert H. Bradshaw, Jr.		306 W. Main	St Crisfie	ld, MD 21817
	23. PART I. Enter the diseases, or complications that caus shock, or haert fellure. List only one cause on	ed the death. Do not	enter the mode of dying, su	ch ea cardiec or reapirate	ory arrest, Approximate
1	IMMEDIATE CAUSE (Final		0-1		Interval Between Onset and Daath
	disease or condition a. LIRR	40519	OFL	IVER	YXS
		A CONSEQUENCE OF):	HOGE	ch For	1110 400
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	A CONSEQUENCE OF):	11 600	7000	Torre 12
CAT	cause, Enter UNDERLYING CAUSE (Disease or Injury	- COR	ONARY PA	STERY D	r'sence Yrs
E	that initiated events resulting in death) LAST	A CONSEQUENCE OF):			
Ä	d.				
AL C	PART II. Other algnificent conditions contributing to deeth	but not resulting in t	he underlying ceuse given i		
5				PERFORME	COMPLETION OF CAUSE
MEI					OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DEATH YES	□ NO □ UNCERTA	IN 🗆	
S S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (Check only one)		
14S	1 ☐ YES 2 NO 1 ☐ Inpatiant 2 ☐ ER/Ou 27. MANNER OF DEATH 28a. DATE OF INJURY	tpatient 3 DOA 4	Nursing Home 5 - Rasidence		
	1 Natural 5 Pending (Month, Day, Year)		F 28c. INJURY AT WORK? M 1 TYES 2 NO	28d. DEŞCRIBE HOW INJU	RY OCCURED
₽¥	Accident Investigation 3 Suicide 8 Could not be 26e. PLACE OF INJUI	tY — At home, term, stree		281, LOCATION (Street and	Number or Rural Route Number,
Ĕ	4 Homicide determined building, etc. (Sp	ecify)		City or Town, State)	
PLE	29a. CERTIFIER (Check only (Check only Inc.)	wiedge, death occurred at	the time, data and place, and du	a to the cause(s) and manner	as stated
COMPLETED	one) 2 MEDICAL EXAMINER: On the beals of examinat				
BE C	296. SIGNATURE AND TITLE/DF CERTIFIER				Pd. DATE SIGNED (Month, Day, Year)
	"Jackar D.	13 ARY		164	7/29/96
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Prin	nt)		
	Madhav D. Barhan, M.D Cr		ghway - Crisf:	ield, MD 218	817
	JUL 31 1996 Jahr Shullor hand	NATURE			



State of Maryland / Department of Health and Mental Hygiene 0.0

					Otato of Mi	aryraria / i		icate of	Death		Reg. No.	23182
	T			na (First, Middla, La	st)					2. Data of De	ath	3. Tima of Death
4	Physici Medi/		James	and the same of the	ton Gross					July 2	23,1996 Yes	1920
	Examir		4a. Facility Nama	if not institution, giv	a straat and number)				4b. City, Town, or	Location of Death	4c. County of De	eath
r C			Calver	t Memor	ial Hosp	ital			Prince F		ck Calv	ert
	Funeral		5. Social Sacurity I		Sax 7. Ag	a (In yrs. last bii	M	Undar 1 Yaar onths Days			h v. Year) 9. E	Birthplaca (Stata or Foreign Country)
	Director		220-39- Usuai Rasidance	(00)M		00	Yrs.			10/10	/16	" MD
	and and		10a. Stata	10b. County		10c. City, Tow	m or Location	on		<u> </u>		10d. Inside City Limits
	Maryl	ō	MD	Calve	rt	Sunde	rlan	d				1 □ Yas 2/□ No
	the rest	Jec.	10e. Street and Nu	ımber			1	0f. Zip Coda			10g. Citizen of What	Country?
	3a of	2	DO Do	- 4.75-W	ayside D	rėve		2068	\$9		USA	
	n 72 hours after death with the Maryland "natural", or fiems 23a or 28a-f ahow solical Examiner must be notified at	Funeral Director	11. Marital Status	X 4-2	12. Was Decedant Armed Forces?		13. Was	Decedant of	Hispanic Origin? (S can, Maxicen, Puart	pecify Yas or No	14. Race - Ar	marican Indian,
0	or Ne	5	1 🖟 Navar Mar	ried 2 Married	1 Yas 2	No				o Ricen, atc.)		
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12	filed within Hygiena. ther than ent, the Me	du	Elamantary/Sec		Collaga (1-4or 5	5+)			9d)		Nana	
	il Hygiena. other than		None	(First, Middla, Last)	None		1	None	18 Mother's Ner	na /Firet Middia	None Maidan Sumama)	
Maryland	od be de de de de de de de de de de de de de	Be							IDA GE		Malderi Surrama)	
2	should b nd Mente marked	2		L HOLLA!		196	Mailing A	ddraes /Strae			or City or Town State	, Zip Code) 20689
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alti	교본문문			operal Service Lices		1100	_	~~~~		FROY F	. BERRY	Funeral
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	Physician		ellock, of flat	in ranura. List only	Ona causa on aach iii	_ >						Intarval Between Onsat and Death
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P.O.	tha c	hys	Part II. Ophio Sigili	2 000 0 I	ontributing to death b	ut not resulting ii	n tha undar	lying causa g	van in Part I.	230. 010	\ /	ite to the cause of death? Probably 4 Unknown
(Å	s that	by P	- 051	offend	~~~					,	2540 00	Probably 4 Onknown
Records,	The lew requires that tha death cer ate has been signed by the attendir page 2, should be detached for usa											b. Ware autopsy findings available prior to
000	sw requisite particular section 2 should be sh	Completed								perio	rmed?	complation of causa of death?
	The lew ite has page 2	E O								101	as 20No	1 Yas 2 No
<u>Ita</u>	cartificate rector, pag	Bec	25. Was casa rafa	rred to medical					26. Placa of Plac	ath (Check only o	na)	
2	nyslc is ca direct	10	1 Yas 2	No	Hospital: 1 Inpatia	nt 2 ER/Ou	utpatient 3	DOA Ot	har: 4 Nursing H	loma 5 ☐ Rasio	danca 6 □Othar (S)	pecify)
0	Attending Physician: r death. sctor: After this cartific. by the funeral director,		27. Manner of Deal	fn 5 ☐ Panding	28a. Data of Inju (Month, Day	ry 28b. 1	Tima of njury	28c. Inju	ry at ork?	28d. Dascribe I	now injury occurred	
<u>S</u>	endfin eath. or: A the fu	catio	2 Accidant	invastigation	1]Yas 2□No			
Division of Vital	ftar d fract	Certification:	3 ☐ Suicida 4 ☐ Homicida	detarmined	28a. Place of Inju- building, at	ury - At homa, fa c. (Specify)	ırm, streat,	factory, office		28f. Location (S City or Tox	Street and Number or vn, Stata)	Rural Routa Number,
	oftal o		00- 0						_			
	Hose 24 ho Fund stely t	edicai	29a. Certifier (Check only one)	2 ☐ Madical Exam	ninar: On the basis of	axamination an	dor invasti	curred at tha ti gation, in my	ima, data and piace opinion, daath occu	red at tha tima,	causa(s) and mannar data and place, and d	as stated. ua to tha causa(s)
	To the Hospital or Attending Physician: The luthin 24 burns after death. To the Funeral Director: After this cardificate he completely filled in by the funeral director, page	Mec	29b. Signatura and	titla of certifiar	and mannar sta	7		29c. Lican	sa number		29d. Data signed (Mo	onth, Day, Year)
	F 3 F 8) A	TMIN	ust it	To 01	90	- 5	11942	7	7/24	151
	3		30. Nama and addi	rass of person who	complated cause of d	eath (Itam 23a)	(Type Brin	0	1170		1	1/6
			_ pr - section with GOOD	person will (John Maria Cara Cara Cara Cara Cara Cara Cara	wan (nam 20d)	Contract diam				/	
	Sta	te	31. Data filed (Mor			ar's Signatura						1 201
	Registr		11	JL 25 19!	96 4 3	avilson-Ro	rdall					

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ML 96-156

Yrs.

Height

)		All oopico Alc	redinie.				
ITEMS: 23 PART I, 27,		State of Maryl	and / Department of Health and	Mental Hygiene	96	2	3	78	3:
28	a-f, PER MED FILM G-7	38 8/21/96 t.t	Certificate of Death	Reg. No.					
	1. Decedent's Neme (First, Middle, I	.ast)		2. Dete of Deeth			3. Tir	me ot	l De
cian	Eduand	Dishan 1	77 * 1 .	Month Dev	/ Yeer				

Physician /Medical Examiner

4e. Fecility Neme (If not institution, give street end number) 5. Social Security Number 7. Age (In yrs. last birthday) 6. Sex

4b. City, Town, or Location of Deeth

Months

1996 9:15 AM 4c. County of Deeth

PATUXENT RIVER NEAR MD.RTE.231

Richard

1 M 2 □ F

BARSTOW CALVERT

july

Funeral Director

ms 23a or 28a-f short must be notified at

Hems :

r than "natural", or iten the Medical Examiner.

permit. Peges 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or ite, any injury or other traumatic event, the Medical Examines

Director

Funeral

þ

Be Completed

0

the Maryland

deeth with

21215-0020

Baltimore, Maryland

The law requires that the death certificate be executed

P.O. Box 68760,

Division of Vital Records,

or Attending Physician:

Usuel Residence of Decedent 10e. Stete 10b. County

Edward

10c. City, Town or Location

53

If Under 1 Yeer If Under 24 Hrs. Months Deys Hours Min. Nov . 7,

10d. Inside City Limits

Birthplece (Stete or Foreign Country)
 Maryland

Maryland 10e. Street end Number

216-40-7172

Calvert Prince Frederick 10f. Zip Code

1 ☐ Yes 2X No

2270 Sixes Road 11. Meritel Stetus

15. Decedent's Education (Specify only highest grede completed)

20678 Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 ☐ Yes 2 X No Specify:

14. Race - American Indien, Bleck, White, etc.

1 Never Merried 2 Married 3 Widowed 4 Divorced

12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes ≥ 2 No It Yes, Give Yeer or Detes:

College (1-4or 5+)

16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Specify: Rlack

10g. Citizen of Whet Country?

USA

Elementary/Secondery (0-12) 17. Fether's Name (First, Middle, Last)

Bricklayer

Construction 18. Mother's Name (First, Middle, Maiden Sumeme)

Richard

Edward

Height

Mamie

Taylor 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)

19e. Informent's Name/Reletionship (Type, Print)

2011 Hatfield Road

Huntingtown, MD 20639

Gladys Fletcher/Sister 20e. Method of Disposition

20b. Place of Disposition (Name of cemetery, cremetory or other place) St. John UM Church Cem.

20c. Location - City or Town, Stete

7/25/96 Lusby, MD

4 ☐ Donetion 5 ☐ Other (Specify)

21. Signature of Funeral Service Licensee sencer

XXBurlal 2 Cremetion 3 Removal from State

22. Name end Address of Fecility Sewell Funeral Home

1451 Dares Beach Rd. Prince Frederick, MD 20678

23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final diseese or condition resulting in death) **Examiner**

Examiner

Physician/Medical

þ

Completed

Be

20

Certification:

Medical

tha

USe as

sate has been signed by page 2 should be detec

certificate

this

Aftar

within 24 hours after death.

To the Funeral Director: Aft completely filled in by the fur

DROWNING COMPLICATED BY ALCOHOL USE

Due to (or es e consequence ot):

Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest

Due to (or es e consequence ot):

Due to (or es e consequence of):

Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I.

23b. Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown

24e. Wes en eutopsy performed?

1€ Yes 2 No

24b. Were eutopsy tindings eveileble prior to completion of ceuse of deeth?

2□ No

Approximete Intervel Between Onset and Deeth

25. Wes case reterred to medical exeminer? XYes 2 No

5 Pending investigation

6 Could not be determined

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year)

28b. Time of

28c. Injury et Work? 1 Yes 2 No

26. Piece of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 Nother (Specify) WATER 28d. Describe how injury occurred

FOUND 7/21/96 7:45 28e. Piece of Injury - At home, farm, street, tectory, office bullding, etc. (Specify)

FOUND: PATUXENT RIVER

SUBJECT FELL INTO THE WATER

28f. Location OFF OF BARSTOW JUST SOUTH OF RT. 231 BRIDGE BETWEEN CALVERT & CHARLES COUNTIES

29e. Certifiel

27. Menner of Death

1 Neturel
2XX Accident

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner as steted.

**Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) end menner stated. 29c. License number 29d. Dete signed (Month, Dey, Year)

29b. Signeture end title of cartifier

O.C.M.E.

JULY 22,1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

1) Mondo D. Worst 111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Dete tiled (Month, Dey, Yeer)

32. Registrer's Signeture

11 23 DR hiterander mary

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Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

23784

			Decedent's Neme	e (First. Middl	le. Last)			Uel	rtificate	UI	Dedili	2. Dete of D		. No.		2 71	ma of Death
H	Physic		Laura										July 19,		Year		
7	/Medi Exami		4e. Fecility Neme (If not institution, give street and number)					4b. City, Town, or Loc					_	1996 4c. County	of Death	0.	
					emorial H	lospi	tal				Prince Fr				alver	t	
	Funeral Director		5. Sociel Security N 218-36-6	87	rirthday) Yrs.	if Under 1 \ Months D	Yeer Deys	If Under 24 Hrs. Hours Min.	8. Dete of B (Month, D Dec.	irth ay, Yo 22,	ear) 1908	9. Birthp Coun Ma	lece (S try) try1	tate or Foreign and			
	land land		Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location										10d, Inside City Limits				
th the Mary	Mary	tor	Maryland	Cal	lvert		Hun	ting	town							1 🗆	Yes ZONO
	or 28	Director	10e. Street end Nun	nber					10f. Zip Co	ode			10g. Citizen of What Cou				
	ath w		3895 Hu	inting	Creek Ro	ad		20639					USA				
020	should be filed within 72 hours after death with the Maryland nd Mental Hygiene. marked other than "natural", or items 23a or 28a-f ahow urnsite event, the Medical Expriner, must be notified at	by Funeral	11. Meritel Stetus 1 Never Merric 3 Widowed		12. Wes De Armed Fried 1 Tyes If Yes, G	Forces? 2 X N Sive			Was Decedent f Yes, specify 1 ☐ Yes 2🏋		dispenic Origin? (Spen, Mexican, Puerto Specify:	pecify Yes or N o Rican, etc.)	0-	Bled	14. Rece - American indien, Bleck, White, etc. Specify: Black		en,
Maryland 21215-0020	vithin 72 ho ne. han "natur hadical	Completed	(Speci	ify only highe	t's Education of grade completed College	(1-4or 5-	+)	16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)									
2	Hygie ther t		17. Fether's Neme (First, Middle.	Last)			H	lomemak	er	18. Mother's Nem	ne (First Middle	A Mai	Own I	-		
a	id be ental ked o	To Be	Benjamin		,	Ту	ler				Martha		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		hase		
ary	d 2 should th and Men 7 is marks traumatic	-	19e. Informent's Ne	me/Reletions	hip (Type, Print)		19	b. Mellin	ng Address (S	treet	and Number or Ru	ral Route Numi	ber, C			Code)	
	1 and 2 Health a am 27 is		Joyce Hei		ghter						Creek Roa	d Hunt	tin	gtown	, MD	206	39
Baltimore,			20e. Method of Disp 1 XBurial 2		3 Removel from	n Stete	camet	e <i>ry, cre</i> n	sition (Name and other of the other of the other of the other of the other oth	r pla		Dete		c. Location -			
	it. Pe irtmer rtant: njury		4 ☐ Donetion 21. Signeture of Full	5 Other (S	pecify)		Young		M Chur			/23/96		lunt in a		, M	D
E E	permit. Peges Department of Important: If it any injury or o		21. Signeture of Full	ren service	E. Se	w	ell	14	51 Dar	es	ess of Fecility Sew Beach Ro	ell Fun l. Princ	ner ce	al Hor	ne rick,	MD	20678
			23a. ent . Enter the shock, or heer	e diseese, or t feilure. List	complicetions thet only one ceuse on	caused eech iln	the death. Do	not ent	er the mode o	f dyi	ng, such es cardiac	or respiretory	errest	•		Interva	kimete al Between
	Physician /Medical		Immediete Cause (I	Finel	20		1 - 1		0		. = 3					Olisei	and Deeth
	Examiner		diseese or condition resulting in deeth)	1	e		Due to (or es		1	من	luse					1.	2001
	P #	iner			- Ce		brove				acciden	A					
	ificate be executed g physician and es the burial-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury c.														
68/60,	siclan burie																
	ndificati ng phy s es th	Medical	resulting in deality Less														
gox	death certine attending	Physician/N			d												
5	the deay the a	ysic	Part II. Other signification	cant conditio	ns contributing to	death bu	t not resulting	In the ur	nderlying caus	se giv	ven in Pert I.	23b. Did	toba	cco use co	ntribute to	the ca	use of death?
Į.	that the ned by detact	by Ph										1	Yes	2□ No	3 Prob	pably	4 Donknow
ecords	law requires that the de as been signed by the 2 should be detached	Completed b										24e. We	s en e	outopsy d?	cor	alleble p	ppsy findings prior to n of cause
	The ate h	Com										1 🗆	Yes	213 No	1 🗆	Yes	2 No
VITAI	ystcian: The law is certificate has t director, page 2 s	Be	25. Wes case referre	ed to medical			4				26. Plece of Dee	th (Check only	one)				
0		- To	1 Yes 2 1		Hospitel: 1 🖸	Impatier				Oth	4 LI Nursing H					/)	
0	ding Phy th. : After thi s funeral	tion	1 Naturel 2 Accident	5 Pendin	g (Moi	nth, Day	Year)	Time of Injury	28c.		yet k? Yes 2 □ No	28d. Describe	now	injury occurr	ea		
UNISION	or Attendation of Att	Certification:	3 Suicide 4 Homicide	6 Could determ	ined 286, Plec	e of injuding, etc.	ry - At home, ((Specify)	erm, stre	eet, factory, of	ffice		28f. Location City or To	(Stree wn, S	et and Numb Stete)	er or Rura	l Route	Number,
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edicai C	29e. Certifier (Check only one)	1 Cartifyin 2 Medicai	Examiner: On the I	e best of basis of e	examinetion e	e, deeth	occurred et ti restigetion, in	he tii	ne, dete end place, pinlon, death occur	and due to the	caus , date	se(s) end me end pleca,	enner es st	eted. the ce	use(s)
	ro the vithin ro the compl	M	29b. Signeture end t	itle of certifier		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			29c. Li	icens	e number		29d.	Date signed	d (Month, l	Day, Ye	nar)
			1	c. la	Min				6	4	+5435		٦	11710	16		
	4		30. Neme end addre	ss of person	who completed cau	use of de	eth (Item 23a)	(Type,					-	1.,1			
			Dr. V. Ma	athew	100 Hosp	ital	Rd. F	rino	ce Fred	der	rick, MD.						
	Sta Registr	_	31. Dete filed (Monti	L 23	32	Hegistrei	rs Signeture				,						
	i icgisti	Set 1	JU.	L / 3	ושאח	₽ 50 K	NALKERDARY.	AT TOTAL OF	7								

the first section of the section of ALC: 1

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended #8, 7/22/96, SW, Calvert Co. Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Yaai Sarah Jane Troutman Higgins 16, 1996 4:30 PM July 4e. Fecility Name (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Calvert Prince Frederick alvert County Nursing Center If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Dey, Year) 1933 9. Birthpleca (State or Foreign Country) Days 1□M 2QF July 11, 1999 Pennsylvania Yrs. 164-28-4794 Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No North Beach Maryland Calvert 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20714 United States 3904 6th. Street 12. Wes Dacedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Giva Year or Detes: 11. Meritei Status Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) Rece - American Indian, Black, White, etc. 1 ☐ Nevar Merried 2 ☐ Merried 1 ☐ Yes 2 ☑ No Specify: specify: White 3 ☐ Widowed 4 ☑ Divorced

16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired)

Homemaker

3904 6th. St.

Metropolitan Crematory

20b. Pleca of Disposition (Name of cemetery, cremetory or other plece)

16b. Kind of Business/Industry

Own Home

20c. Location - City or Town, Stata

North Beach, MD, 20714

July 18,96 Alexandria, Virginia

18. Mother's Neme (First, Middle, Meidan Sumama)

Vera Davis

19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

Director Funeral ģ Completed

Be

15. Decedent's Education (Specify only highest grade completed)

College (1-4or 5+)

30. Name and eddress of person who completed cause of deeth (Item 23e) (Typa, Print)

MARKEIN SKEKM IN M.D. 174 HSp. HM. 100-1

32. Registrer's Signeture

Elementery/Secondary (0-12)

17. Fether's Nema (First, Middle, Last)

Clarence Troutman 19e. Informent's Name/Reletionship (Type, Print)

Joseph F. Hennigan

1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify)

12

20a. Method of Disposition

Physician

/Medical

Examiner

Funeral

Director

death with the Meryland pernit. Pages 1 and 2 should be filed within 72 hours efter death with the Merylan Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or itema 23a or 28a-f ahow any Injury or other traumatic event, the Medical Examines must be nothed at

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burnel-transf Division of Vital Records, P.O. Box 68760

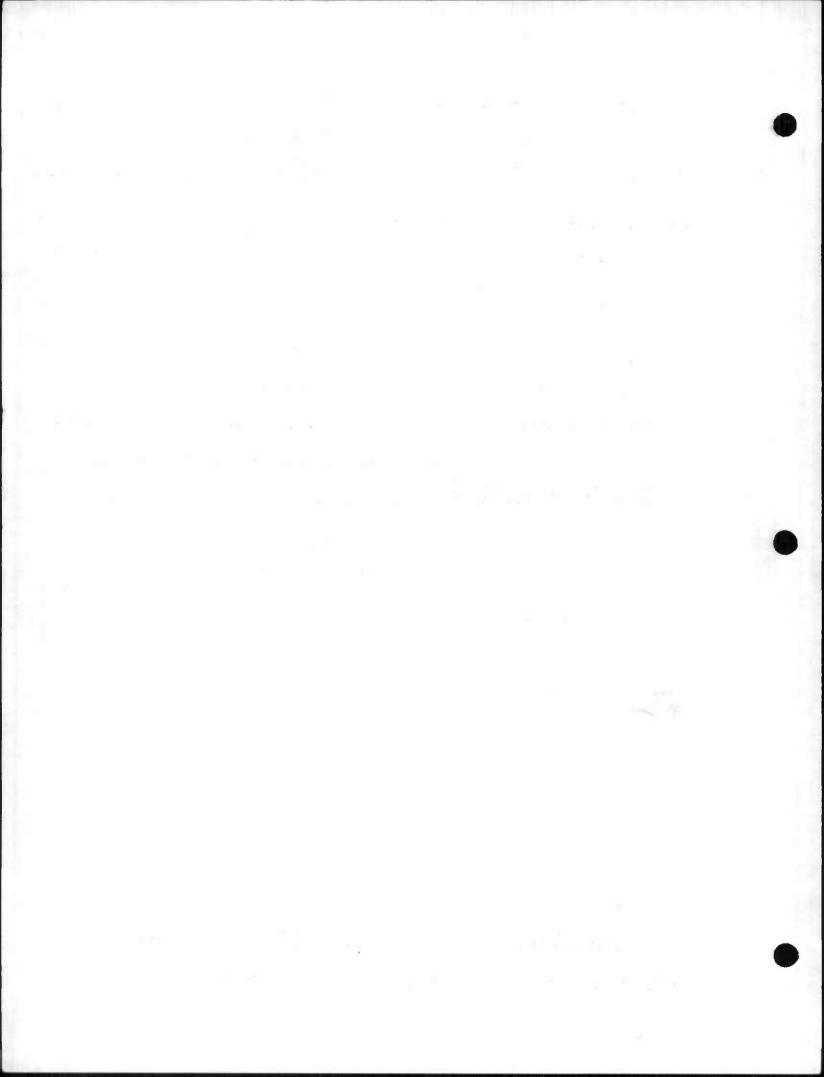
	21. Signeture of Funeral Servica Licenture F		Rausch	and Addrass of Fecility Funeral Home ount Harmony Lan	e, Owings, Maryland	20736			
	23a. Pert1. Enter the diseese, or comp shock, or heert feilure. List only of Immediete Cause (Final disaese or condition resulting in deeth)	e. Cardi oppose to to to to to to to to to to to to to	h. Do not enter the n	node of dying, such es cardie		Approximate Interval Between Onset end Death			
by Physician/Medical Examiner		Zyears							
	Sequentielly list conditions, if eny, laeding to immediate cause. Entar Undarlying Cause (Disease or Injury that initiated events	Lyears 12 years							
	resulting in deeth) Last								
y Physici	Pert II. Other significant conditions on Atlanto Jalen	ntribute to the cause of death							
Completed b		=			24a. Wes an autopsy performed?	24b. Were eutopsy findings available prior to completion of cause of deeth?			
		1 ☐ Yes 2 ☐ No							
Be	25. Was case rafarred to medical axeminer?	Manufact.		0.1	eath (Check only one)				
2	TIL TOS EXINO	1	ER/Outpatient 3	DOA Other: Nursing 28c. Injury at Work?	g Home 5 ☐ Residenca 6 ☐ Other (Specify)				
ation:	27. Mennar of Death 1 Netural 5 Pending 2 Accident investigation		28d. Describe how injury occur	rred					
Medical Certification:	3 ☐ Suicide 8 ☐ Could not be determined	28e. Pleca of Injury - At h building, etc. (Specif	ome, ferm, straet, fac fy)	tory, offica	28f. Location (Street end Number or Rural Route Number City or Town, Stete)				
edicai	29e. Certifier Check only one) Certifying Physics Medical Example	rsician: To the best of my kno iner: On the basis of examine end menner steted.	wiedge, deeth occurr tion and/or investiget	ed et the time, dete end plection, in my opinion, deeth occ	e, end due to the ceuse(s) end m curred et the time, dete end piece,	anner as stated. and dua to the cause(s)			
2	29b. Signatura and title of cartifier	od (Month, Dey, Year)							

State

Registrar

31. Dete filed (Month, Dey, Yeer)

JUL 1 9 1996



				State of Ma	rylan			of Health and of Death	Mental Hy	giene Reg. No.	96	2:	3786	
П			1. Decedent'a Name (First, Middle, Last)		10				2. Date of De	eath			3. Time of Deeth	
	Physic /Medi		June Marie Haw	7					July	Day 1	199	96 1	12:00PM	
	Exami		4a. Facility Nama (If not Institution, give					4b. City, Town, or	Location of Deat	th 4c.	County of			
			917 Algonquin C	ourt				Lusby		C	alve	ert		
	Funeral Director		5. Social Security Number 6. Sep 577–38–6156	. X	(In yrs. 1 66	est birthday) Yrs.	Months D	'aar if Under 24 Hrs ays Hours Min.		7 1 5	30	9. Birthplace Country) Penns	(State or Foreign	
	Merylend 4 ehow	tor	10a. State 10b. County Maryland Calv	ert	-	, Town or Lo	ocation						Inside City Limits	
	h with the	al Director	10e. Street and Number 917 Algonquin C	20657		at Country								
Maryland 21215-0020 d 2 should be filed within 72 hours efter death with the Meryland th and Mental Hygiene. The marked other than "natural", or itema 23a or 28a-4 show traumetic event, the Mental Examiner must be notified at	urs efter deat al', or Itema 2 Evaniner mu	by Funeral	11. Maritai Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant E Armed Forces? 1 ☐ Yas 2 ☑ N if Yes, Giva Yaar or Dates:	☐ Yas 2 No Yes, Giva 1 ☐ Yes 2 No Specify:							White, etc.	marican Indian, hite, etc. Vhite	
	within 72 ho iene. then "natur the Medical	Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Spcondary (0-12) College (1-4or 5+) Homemaker					ccupation one during most of wo stired)	rking	find of Business/Industry Home				
and	should be filed nd Mental Hygi marked other imatic evant, I	Be	17. Father's Name (First, Middla, Last) Harry Franklin	Price					me (First, Middle		,			
کّ	E DEE	10	19e. Informant's Name/Relationship (Ty			19b. Mailie	na Address (Si	reet and Number or R					de)	
	d d d		Robert Eugene H	,	and			uin Ct.,			ylar		0657	
re,	- I 2 5		20a. Method of Disposition	-	20b. Pl	aca of Dispo	sition (Neme of	of	Date		<u> </u>	ity or Town,		
altimore,	4 - 7		1 Burial 2 □ Cremation 3 □ R 4 □ Donation 5 □ Other (Specify)	emoval from State				ery-07/1	5/96	Che	lter	nham,	Md.	
Balti	permit. Peg Department Important: II eny Injury o		21. Signature of Juneral Service License	ASI		22	2. Nama and A	ddrass of FacilityLe	e Fune:	ral	Home	e Cal	vert, PA	
	Physician /Medical Examiner	er	23a. Pag. Enter the disease to compile ock, or heart failure. List only or immediate Cause (Final disease or condition resulting in death)	mu	Ota	n. Do not ent	My	eloma		arrest,		April	proximata ervai Between nset and Death	
Box 68/60,	leath certificate be executed ettending physician and I for use as the buriel-transit	an/Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events rasulting in death) Last			as a conseq								
	y the	by Physician/Me	Part II. Other significant conditions con					e given in Part I.		tobacco Yes 2			e cause of death?	
ecords	aw requi	Completed b		0		П			24a. Was	an autop ormed?	esy	availel	autopsy findings ble prior to etion of cause th?	
<u> </u>	E 28 8	S							10	Yes 2	a No	1 🗆 Y	es 2 No	
VItal	ysician: The is certificate director, pag	Be	25. Was case referred to medical examiner?						ath (Check only	one)				
6	5 00	2	1 ☐ Yes 2 ☑ No	ospital:		ER/Outpatier			lome 5 Resi					
	tending Phy leeth. tor: After thi the funeral	ation:	27. Manne of Death 1 Netural 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Dey	Year)	28b. Tima of Injury		Injury at Work? 1 □ Yas 2 □ No	28d. Dascribe	how Injur	y occurred	3		
	ital or Att	Certification:	3 Suicide 4 Homicida 6 Could not be detarmined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or R City or Town, Stete)								or Rural Ro	oute Number,		
	To the Hospital or Attending within 24 hours after deeth. To the Funeral Director: After completely filled in by the fune	edical	29e. Certifier 1 Certifying Physical Check only one) 2 Medical Examin	ician: To the best of er: On the basis of end menner state	examinati	vledge, death ion and/or in	occurred at the vastigation, in a	ne time, date and place my opinion, death occu	e, and due to the urred at tha tima,	causa(s) date and	and mann placa, an	ner as state d due to the	d. e cause(s)	
	Tol	Σ	29b. Signature and title of certifier	10	1		29c. Li	cansa number	1	29d. Dat	/	Month, Day	, Year)	
			Susan H	· Pro	ut	y M	PI	2573	10	1	111/	96		
	10		30. Name and address of person who co	mpieted cause of de	ath (Item	23a) (Type,	Print)							

State Registrar Susan H. Prouty, M.D., Calvert Med. & Prof. Bldg., Prince Frederick, Md.

31. Date filed (Month, Dey, Year)

JUL 17 1996

32. Registrar's Signature

Audult.

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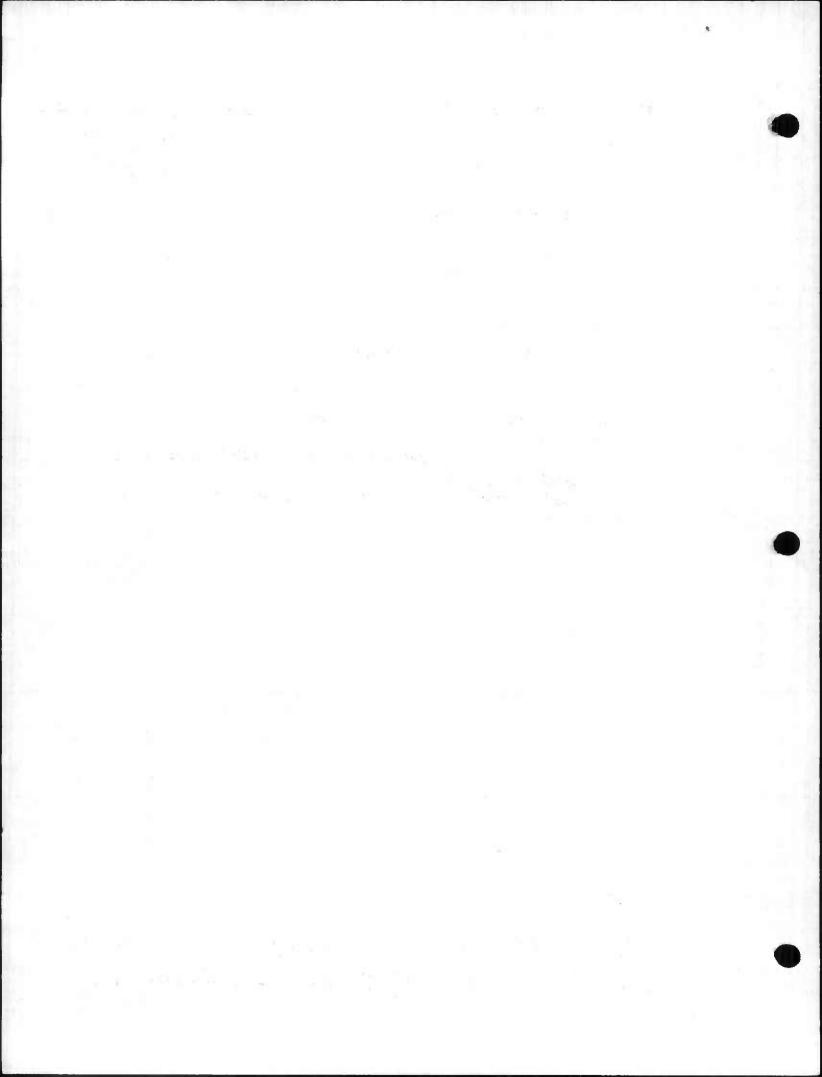
State of Maryland / Department of Health and Mental Hygiene 96 23787

					.,	Certifica	ate of Death		Reg. No.	0 23101			
	Physici /Medi		1. Decedent's Name (First, Middle, Las)		Hici	45	2. Dete of D Month JULU		3. Time of Death 2: 46 p/4			
	Examir Funeral Director		217-42-2003	mulan	(In yrs. last bi	ortholity) If Un Yrs. Month	der 1 Yeer If Under	wn, or Location of Dea	PRIN PRIN inth Pay, Year) 7, 1943	9. Birthplace (State or Foreign County) Maryland			
	/land		Usual Residence of Decedent 10a. State 10b. County		10c. City, Tow	n or Location			10d. inside City Limits				
	the Marylar 28a-f show nouries	ctor	Maryland Prince G	eorge's	S	uitland	1			1 ☐ Yes 2 No			
	ath with the 23a or 2	rai Director	10e. Street and Number 2312 Brooks Dri	ve		10f.	Zip Code 20746		10g. Citizen of What Country? USA				
020	s 1 and 2 should be filed within 72 hours efter deeth with the Maryland Health end Mental Hygiere. Item 27 is marked other than "natural", or itema 23s or 28a-4 show other traumatic event, the Medical Examiner must be notified at	by Funeral	11. Meritel Stetus 1 Never Married 2 Merried 3 XX Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 Yes 22 No If Yes, Give Year or Dates:			cedent of Hispanic Orig pecify Cuban, Mexican 2000 Specify:	gin? (Specify Yes or N , Puerto Rican, etc.)		ce - American Indian, ck, White, etc. y: Black			
21215-0020	within 72 hours ene. than "netural", in Medical Exe	ompleted	15. Decedent's Edi (Specify only highest grad Elementary/Secondary (0-12)	le completed)	ife. DO NOT use retired)					16b. Kind of Business/Industry Maintenance			
	2 should be filed within end Mental Hygiene. Is marked other than aumatic event, tra Me		Calvert Hicks Catherine						-				
ylar	Menta Menta arked atic ev	ToB	Calvert	F	licks		Cath	erine Hawkins					
Maryland													
Baltimore,	m 0 -		20a. Method of Disposition 1 🖾 Burial 2 □ Cremation 3 □ F	Removel from State	20b. Plece of cemete	of Disposition (forty, crematory of	Name of or other plece)	Dete		MD 20689 City or Town, State			
Balti	permit. Page Department of Important: If any Injury or once.			neral Ho	ome								
	1 4		23a. Fart1. Et er the disease, or comp shock, or heart failure. List only o	icetions thet caused to ne cause on each line	the death. Do					Approximate interval Between			
	Physician /Medical Examiner		Immediate Cause (Final	· Mu	Ha	fat	is le			Onset and Death			
	and Aransit	Examiner	Sequentially list conditions,	b	ue to (or as e	consequence of	of):			7371			
68760,	rificate be executed ng physician and as the buriel-transit	Aedical E	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	cDue to (or es e consequence of):									
Box 6		n/Me		d									
	deeth ce he attendii ed for use	Physician/	Part II. Other eignificant conditions co	ntributing to death but	not resulting I	n the underlyin	g cause given in Part I.	23b. Did	23b. Did tobacco use contribute to the cause of death?				
s, P.O	ires that the de signed by the a d be detached to	by Phy							Yee 2□ No	3 Probably 4 Unknown			
Record	ew requisite parts of the second seco	Completed						24a. Wa	s en eutopsy formed?	24b. Were autopsy findings aveilable prior to completion of cause of death?			
al R	The ate h							10	Yes No	1 Yes 2 No			
Vital	Physician: The this certificate ral director, par	o Be	25. Was case referred to medical examiner?	Hospital: A.			Other:	of Deeth (Check only					
of	Phys eral di	-	27. Manger of Death	28a. Date of Injury	28b.	Time of	28c. Injury at Work?	rsing Home 5 Res	idenca 6 □Oth how Injury occur				
Division	al or Attending Phy safter death. I Director: After this d in by the funeral of	Certification:	Actident 5 Pending Investigation 3 Suicide 6 Could not be determined	(Month, Day 28e. Plece of injur	ry - At home, fe	Injury M erm, street, fect	1 ☐ Yes 2 ☐ I	28f. Location	(Street and Numb	per or Rural Route Number,			
Ö	To the Hospital or A within 24 hours after To the Funeral Directorn pletaly filled in D		* Hornicide	building, etc.		e, death occurre	ed et the time, date and		own, State)	anner as stated			
	in 24 h	Medical	(Check only 2 Medical Exami	ner: On the besis of e and menner state	examination an	d/or Investigati	on, in my opinion, deat	h occurred et the time	, date and place,	and due to the cause(s)			
	To t To t	2	29b. Signature and title of certifier	, 002			29c. License number	Te	29d. Date signe	d (Month, Day, Year)			
	10		30. Name and address of person who po	ADAK	ith (item 23a)	(Type, Print)	Cu	to W	d	·U			
	Sta	te	31. Date files (Month, 1. Year)	32 Registrar	's Signature	1.11							

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State of Maryland / Department of Health and Mental Hygiene 96

					(Certificate c	of Death			Reg. No.			
			1. Decedant's Name (First, Middla, Last)						2. Data of De	ath	June 1	3. Tima of Death	
	Physic		MEDORA OF	rn HIGDON	J				TULY	Day	1 der	532	
	/Medi		4a. Facility Name (If not institution, giva s			***	4b. City. To	wn. or Lo	ocation of Death	1 4c Count	of Death	Am	
1	Examir	ier	3059 Evans Road			on of Death 4c. County of Death Anne Arunde1							
_			5. Social Security Number 6. Sax	7 Ass //s .	um land hidd	(day) If Under 1 Ye	Riva	24 Hre	0 D-14 D:-				
	Funeral		10	M 2⊠F 67	rs. last birth	Months Day		Min.	8. Data of Bir (Month_Da	1928	9. Birthp	iace (Stata or Foreign ito) 'Land	n
	Director		212 26 1028	07					Aug. 5,	1928	Mary	land	
	pue *		Usual Rasidance of Decedant 10a, Stata 10b, County	100	City, Town	or Location					1	0d. Insida City Limits	_
	aho	2			iva							1 ☐ Yes 2 ☐ No	
	N P	or							10 163 2010				
	4 9 8	Director	10e. Street and Number		10f. Zip Cod				10g. Citizen of	try?			
	13 th	a	3059 Evans Road			21140			USA				
	de F	Funeral	11. Maritai Status	12. Was Decedent Evar is Armed Forcas?	n U,S.	13. Was Decedent of Yas, specify C	of Hispanic Or	igin? (Sp	ecify Yas or No		ce - Americ		
0	or h		1 ☐ Nevar Married 2 ☐ Married	1 ☐ Yas 2 ☑ No If Yas, Giva		1 □ Yas 2 ☑ N			, , , , , , , , , , , , , , , , , , , ,		- 1-	ite	
8	should be filed within 72 hours efter death with the Maryland nd Mantal Hyglene. marked other than "natural", or items 23s or 28s-f show imatic event, the Madical Examiner must be recitied at	l by	3 Widowed 4 Divorced	Yaar or Dates:		10100 2,01	to openiy.			Specif	y: W11	100	
V	72 h	Completed	15. Decedent's Educ (Specify only highast grada	cation	16a. [Decedent's Usual Oc Giva kind of work do	cupation	t of work	ina	16b. Kind of B	usiness/Inc	Justry	
21215-0020	F	pide	Elementary/Secondary (0-12)	Collega (1-4or 5+)		lifa. DO NOT use rel	ired)	i or work	" 'y				
2	Dien Present	5		4	Re	gistered	Nurse			Health	Care	1	
	m = 0 5	Be	17. Fathar's Nama (First, Middla, Last)				18. Moth	ar's Nam	e (First, Middle	, Maiden Sumar	na)		
<u>a</u>	Mental I	0	Fred S		C	rn	Ann	a	Magd	eline	G	unts	
Maryland	N Pu	-	19a. Informant's Name/Raiationship (Typ	oe, Print)	19b.	Mailing Addrass (Stre	eet end Numb	er or Run	al Routa Numb	er, City or Town	, Steta, Zip	Coda)	-
Σ	od 2 27 is 27 is		A. Lee Higdon, Sr.	./husband	san	ne as 10 a	bove						
a,	Hee Hee		20a. Mathod of Disposition	20	b. Place of I	Disposition (Nama of			Data	20c. Location	- City or To	wn. State	
0	in the		1 ☐ Buriai 2€ Cremation 3 ☐ Re	amoval from Stata	cematary	litan Cre	_{olace)} matory	7	-10-96	Alexand	ria.	VA	
altimore,	dama de la la la la la la la la la la la la la		4 □ Donation 5 □ Othar (Specify)		Julian						,		
Ba	permit. Pages 1 and 2 should by Department of Heelth and Menta Important: If Nem 27 is merked any injury or other traumatic as once.		21. Signature of Funeral Service License	1. DA	7	22. Name and Ad		•		1470	00=	10.6	
	40240		1/1/1 1/1/20	1 1/20	6					ngs, MD	207	36	
			23a Part1: Enter the disease, or complic shock, or heart failure. List only on	cations that causes the decause on each line.	aath. Do no	ot anter tha moda of	dying, such as	cardiac	or raspiratory a	rrest,		Approximata Intarvai Between	
1	Physician		ic-	1								Onset and Death	
~	/Medical		Immediata Cause (Finel disaasa or condition	Lur	9	Cance							
	Examiner		rasulting in death) a.	Dua f	o (or as a co	onsequance of):	1						-
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	eath certificate be executed ettending physician and for use as the bunal-transit	Examiner	Sequentially list conditions,	. — Dua te	o (or as a co	or as a consequence of):							
ó	en e		if any, laading to immediata cause. Entar Underlying Cause (Disaasa or Injury										
68760,	ysicl by by	edicai	C. Dua to (or as a consequence of):										_
89	as the	Med	rasoling in death) cast		•						i		
	andir use	M/VI	d.		-								
m	death se ettar	Physician	Part if. Other significant conditions cont	tributing to death but not	rasulting in i	tha undartying causa	olven in Part I	1	23b Did	tobacco una co	ntribute to	the cause of death	2
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	icate h								10	Yas 2□No	1 [JYas 2□ No	
Division of Vital	Physician: The le r this certificate her aral director, page 2	Be	25. Was casa rafarred to medical axaminar?	ospital:		1.	Others		h (Check only o				-
5	this did	မ	1010	1 L Inpatient 2	□ ER/Outp	allerit 3LI DOA			_	danca 8 □Ott		1)	
Ē	After After funer	on	27. Mannar of Death 125Natural 5 □ Panding	28a. Data of Injury (Month, Day Year	28b. Ti		njury at Vork?		28d. Describe	how injury occur	red		
<u>s</u>	eath or: /	cati	2 ☐ Accident invastigation			M 1	☐ Yas 2☐	No					
Ξ	rect rect	Certification:	3 ☐ Suicida 6 ☐ Could not be detarmined	28a. Place of injury - A building, atc. (Spe	t homa, farr	n, straat, factory, offic	Ce C		281. Location (. City or To:		per or Rura	l Routa Number,	
		Ce											
	To the Hospital or Attanding P within 24 hours after death. To the Funeral Director: After to completely filled in by the funeral	edicai	29a. Cartifiar Certifying Phyel	Iclan: To the best of my ler: On the basis of exam	knowledga,	death occurred at the	time, dete en	d plece,	end dua to the	causa(s) and m	annar as st	ated.	
	the F	B	GIO)	end mannar stated.		or invadigation, arm	y opinion, dad		od at tha thire,	doto and piece,	ano oua to	uia causa(s)	
_	To To	Σ	29b. Signature and tirks of certifiar	11 1 -		29c. Lice	ensa number	~,,,		29d. Data signe			
			- Cusul	1 W Colley D16354 JULY 9, pa, completed causa of death (Itam 23a) (Type, Print) Rd Annapolis, MD 21							4,	1976	
	(13-)		30. Nama and address of person whe con	mplated causa of death (I	tam 23a) (T	ype, Print)	ο Λ			000	7		
			ENSER WCO	11e 900	Bes	tgAte	Kd A	NN	Apoli	5,1111	1211	101	
	Sta	te	31. Data filed (Month, Dev. Yaar)	32. Registrar's Si	gnature								
	Registr		JUL 12	1996 Julia	Daviles	Rardall							
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State of Maryland / Department of Health and Mental Hygiene 9 5 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month Alice B. Hitchings 1996 July 3:15 AM /Medical 4a. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Anne Arundel Medical Center Anne Arundel Annapolis If Undar 1 Yaar If Under 24 Hrs. 5. Sociel Security Number 8. Date of Birth (Month, Day, 9. Birthplaca (State or Foreign Country) 23,1931 Pennsylvania 7. Aga (In yrs. lest birthday) **Funeral** Deys Hours 1 M 20 F 174-24-6551 Yrs. 65 Director Inuary Usuel Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene.
mit if flem 27 le marked other than "natural", or items 23s or 28s4 show mry or other traumatic event, the Medical Esaminer matter notified at my or other traumatic event, the Medical Esaminer matter notified at 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director Maryland Anne Arundel Annapolis 10f. Zip Code 10e. Street and Number 10g. Citizen of What Country? 935 Mastline Drive 21401 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Yeer or Dates: 13. Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puarto Rican, atc.) 14. Rece - American Indian Black, Whita, atc. 11 Marital Status 1 Never Merried 2 Married 1 ☐ Yes 2 ZNo Specify: Specify: White Baltimore, Maryland 21215-0020 by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker At Home 17. Father's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be George H. Betts Alice Titus 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ward C. Hitchings 935 Mastline Drive Annapolis, Maryland 21401 20a. Method of Disposition 20b. Plece of Disposition (Name of cematary, crematory or other plece) 20c. Location - City or Town, Steta 1 ☐ Buriei 2 ☐ Cramation 3 ☐ Removel from Stete permit. Page Department of Important: If any Injury or once. Ft. Lincoln Crematory 07/27/96 Brentwood, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Facility John M. Taylor Funeral Home, Inc 21. Signature of Fugeral Service Coensee 147 Duke of Gloucester St. Annapolis, Maryland Part . Enter the disease, a complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 2Ab Al Oithete Onset and Deeth Physician /Medical Immediate Cause (Finel letestatic 6 mos disease or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner requires that the death certificate be executed physician and the burial-transit Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in death) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequenca of) 85 USB jo signed by the a Pert fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 Probably 4 □ Unknown þ 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 24e. Was an eutopsy performed? Completed paga 2 s cartificata 1 Yes 2 No Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this cartifica 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 2 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manper of Death 28a. Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury et Work? 5 Pending investigation Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide completaly filled Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner es stated.

Medical Examiner: On the basis of axaminetion and/or investigation, in my opinion, deeth occurred at the time, deta and place, and due to the cause(s) and menner stated. 29e. Certifier Medical (Check only one) To the I within 2 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) / M.D 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Ann Manager M.D. 900 Be Hyste Road, Site 300, Annapolu, MD 21481

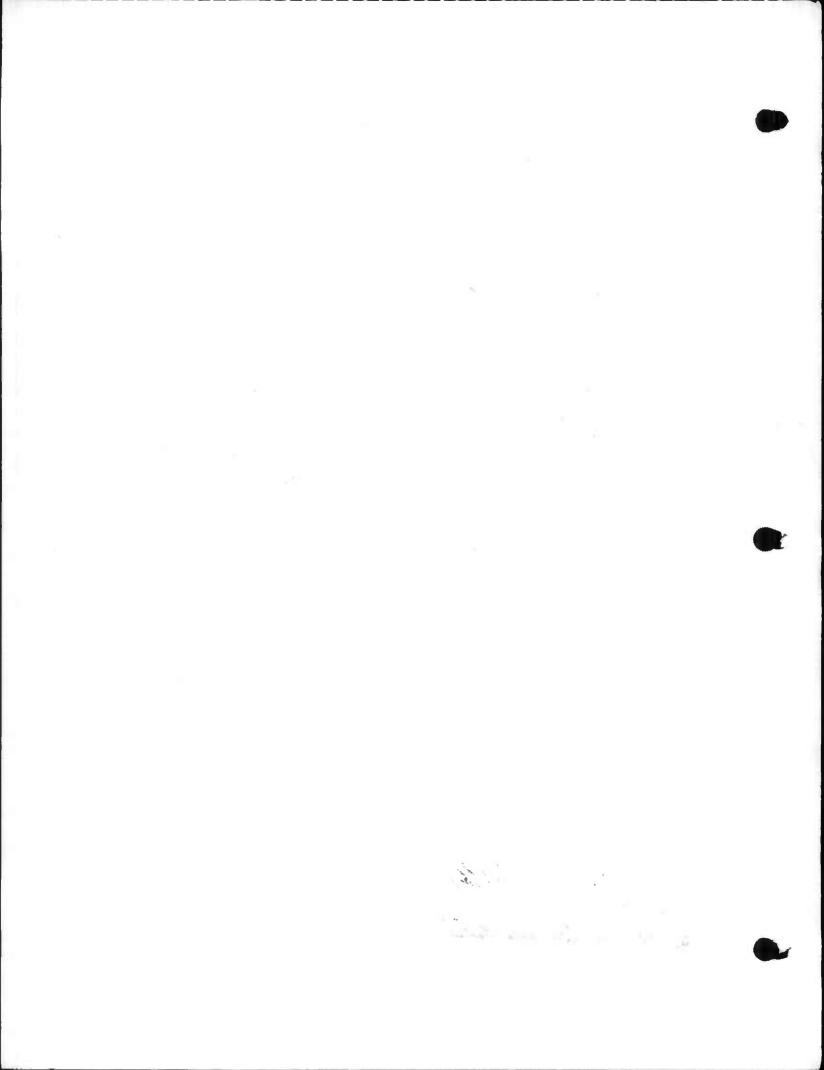
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may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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	23. PART I. Enter the di- ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fellure, l	Meteo	coused the dese on each line	Lu	\ (he mod	de of dyl	ng, auch	as cardle	c or reapi	ratory ar	reat,	Approximata Interval Between Onset and Death
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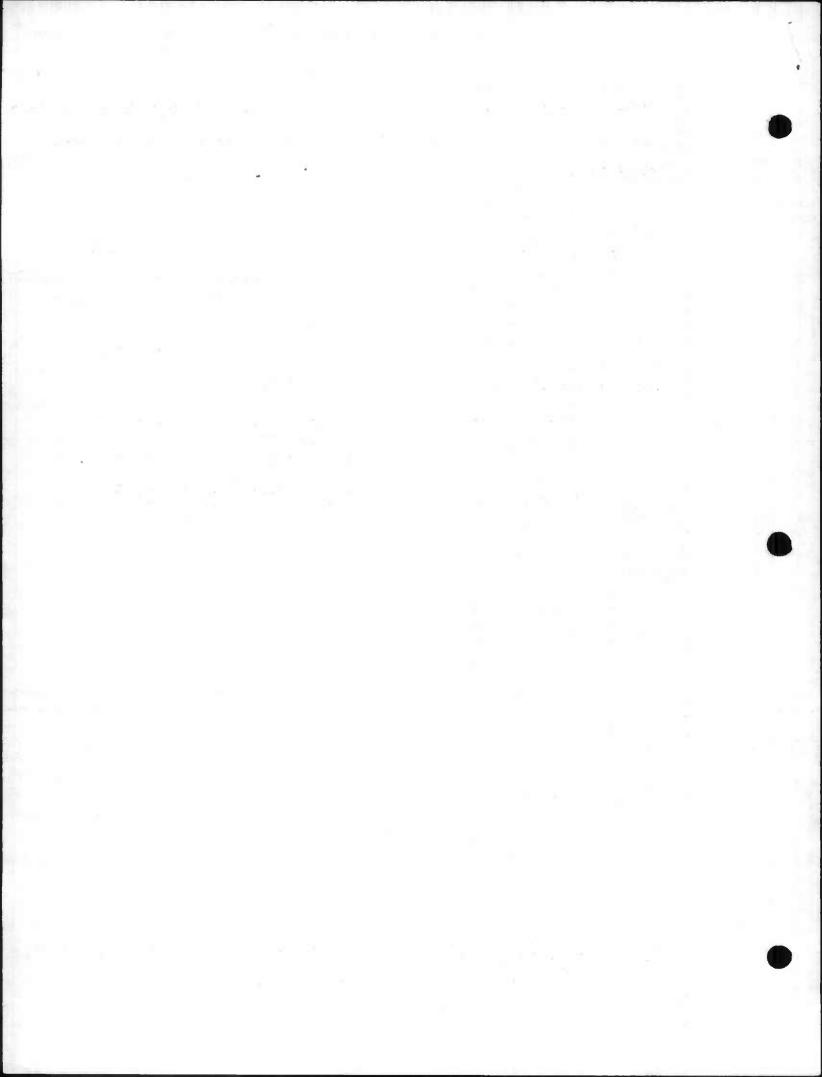


Please Type or Print in Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended Items 1,7,10d,18 Per F.D. Certificate of Death 8/1/96, Carroll County, W.J.L. 1. Decedent's Nema (First, Middla, Last) 3. Tima of Death Thomas Carroll Hooper 2. Data of Death Month **Physician** JUL 11014115 HOOPER 0500 27 1996 /Medical 4c. County of Deeth 4b. City, Town, or Location of Geeth 4a. Facility Neme (If not institution, giva street and number) Examiner MARYLAND 1403P. BALTIMORE BALTIMORE. 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth 1933
Months Deys Hours Min. (Month, Day, Year) 1933 5. Social Security Number 8 Sex Birthpiace (State or Foreign Country) **Funeral** XXM 2□ F 220-28-867**3** Director Maryland Usuai Rasidance of Dacedent deeth with the Marylend 10a Stata 10h County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Westminster MD Carroll 1X Yas Z No Director 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 21158 United States 907 Wampler Lane 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas ※ No If Yes, Give Yaar or Datas: 11. Maritel Status Was Decedent of Hispenic Origin? (Specify Yaa or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian. Bleck, Whita, atc. filed within 72 hours efter 1 Never Married X Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced white 15. Decedant's Education 16a. Decedant's Usuel Occupation 18b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT usa retired) (Specify only highest grade completed) Compl Elementary/Secondary (0-12) College (1-4or 5+) Hygiene. worker Bare Truck Center 12 permit. Pages 1 and 2 should be filed Department of Heelth and Mentel Hygi Important: If item 27 is marked other any Injury or other traumatic event. II 17. Fathar'a Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) -Mary Thomas Edward Hooper Mary Estella Brown 19a. Informant's Name/Ralationship (Type, Print) (Wife) 19b. Melling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 907 Wampler Lane, Westminster, MD 21158 Caroline Elizabeth Hooper 20b. Place of Disposition (Nama of 7/30/96) cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete N Burial 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Other (Specify) Meadow Branch Cemetery Westminster, MD 21. Signature of Funeral Sarvice Licensee 22. Nama and Address of Facility Pritts Funeral Home & Chapel **Xathume Pritto - Swetter 412 Washington Rd., We 23e. Pert1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such es cerdiec or respiretory arrest, shock, or heart feilure. List only one cause on each line. 412 Washington Rd., Westminster, MD Approximata Intervai Between Onset and Deeth **Physician** /Medical Immediete Cause (Final CARDIAC SUAGEI disease or condition rasulting in death) Examiner physician and the burial-transit The lew requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Diseasa or Injury that initiated evants resulting in death) Last Physician/Medical Dua to (or as a consequence of): ed by the a Part ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? page 2 should be detact 1 Yes 3 No 3 Probably 4 Unknown Records, þ 24b. Wera autopsy findings aveilabla prior to complation of cause of death? Completed 24e. Wes an autopsy certificate hes 1 ☐ Yes 20 No 2 No Division of Vital Hospital or Attending Physician: 24 hours efter deeth. Funeral Director: After this certifica Be 25. Was casa rafarred to medical 28. Piaca of Death (Check only ona) examiner? Impatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No 2 27. Manner of Death 28c. Injury at Work? 28b. Tima of 28d. Dascribe how Injury occurred Certification: Naturai 5 Pending 1 ☐ Yes 2 ☐ No invastigetion 2 Accidant 3 Suicide 6 Could not be datarminad 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida n 24 hours e Certifying Phyalcfan: To the best of my knowledge, deeth occurred et the time, dete and plece, and dua to tha ceusa(s) end mannar as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and mannar stated. 29a. Certifiar Medical (Check only one) To the Vithin 2 29c. Licansa number 29d. Data signed (Month. Dav. Year) 29b. Signatura and titla of certifier scy MO 30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print) 01= 405P. BACTIMORE

32. Registrarts Signatura

State Registrar 31. Dete filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 9 5 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death ^D¥996 **Physician** July 9, Andrew Merrell Jackson 1029 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Pr.Frederick Cal

If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth

Months Days Hours Min. Man 22, 7923 Calvert Memorial Hospital Calvert 7. Age (In yrs. last birthdey) 73 Yrs. Birthplace (State or Foreign Country) **Funeral** 424-18-1909 Director Florida Usual Residence of Decedent death with the Marylend 10b. County 10c. City, Town or Location itsm 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examinar must be notified at 10d. Inside City Limits Calvert North Beach 1 No Yes 2 No Director Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8586 Chesapeake Lighthouse Dr. 20714 S. A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? ↓ Yes 2 ☐ No or items 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. permit. Peges 1 end 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene. Important: if itsm 27 is marked other than "natural", or iten any injury or other traumatic event, the Medical Evantrations. Black, White, etc. 1 Never Married Married Saltimore, Maryland 21215-0020 If Yes, Give Yeer or Dates: W • W • II 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) 9 Stationary Engineer Grocery Stores 17. Father's Name (First, Middle, Last) 18. Mother'a Name (First, Middle, Maiden Surname) Be Robert W. Jackson Fannie White 19a. Informent'a Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marilyn A. Jackson/Wife 8586 Chesapeake Lthse.Dr., North Beach, Md. 20b. Place of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, Stete cemetery, crematory or other pleca) Burial 2 ☐ Cremation 3 ☐ Removal from State Md. Veterans Cem.07/12/96 Cheltenham. Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of FacilityLee Funeral Home Calvert PA 1825 So. Md. Blvd., Owings, Md. 20736 23a Porti. Enter the disease, or complications that seased the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, much, or heart failure. List only one ceuse on each line. **Physician** Immediate Cause (Final disease or condition resulting In deeth) /Medical · Multisystem Examiner Due to (or as a consequence of). Examiner RESPIRATORY hysician end the buriel-transit tha death certificeta be executed Sequentielly llst conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or as a consequence of) Box 68760 the attending physician Pheumonia Physiclan/Medical Due to (or as e consequence of): resulting in deeth) Last use es t P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dtd tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ triknown Division of Vital Records. by 24b. Were eutopsy findings eveileble prior to completion of cause of death? 24a. Was an autopsy Completed Deed performed' certificate has 1 Yes 2 LINE 1 Tyes 2 No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospitai Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 HNo 1 Inpatient 2 ER/Outpatient 3 DOA funeral 28a. Date of Injury (Month, Day Year) 27. Mennes of Death To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral 28d. Describe how injury occurred 28c. Injury et Work? Certification: 1 Netural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 3 ☐ Suicide 28e. Piaca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 1 Cortifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, end due to the cause(s) and manner as stated.

2 Medicat Examtner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and plece, and due to the cause(s) end manner stated. 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) W.D 10)+ 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) Hospital

State Registrar Calvert

31. Date filed (Month, Day, Year)

Mamoria

1996

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32. Registrar's Signature

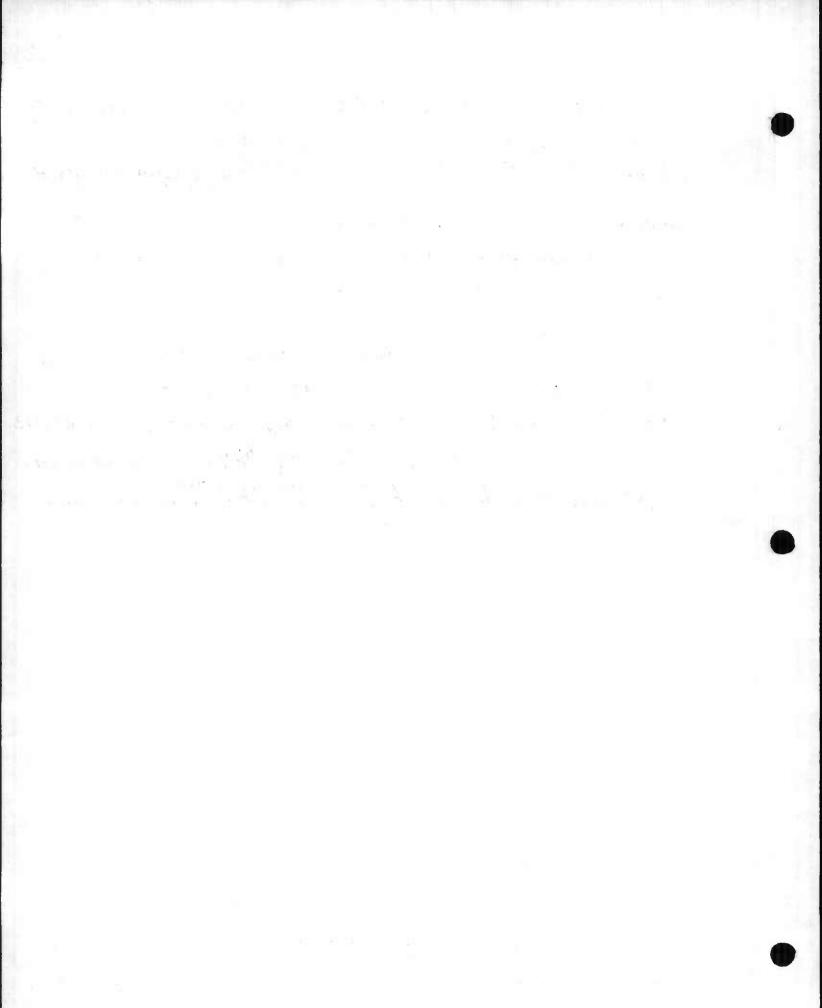
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State of Maryland / Department of Health and Mental Hygiene 96

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December 19 Project Committee Commit					Cen	tificate of	Death		Reg. No.	-	0,00
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State Registrar JUL 3 0 1996 Alia Studies Registrar			30. Neme end eddress of person who co			rint)			•		•
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				32. Registrer's Signa	ature						
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 23794 Certificate of Death ent's Neme (First, Middle, Last) 3. Time of Death 2. Date of Deeth chard Month 605 ones 30 Jul 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth WICOMICO PENINSULA REGIONAL MEDICAL CENTER SALISBURY 5. Social Security Number 7. Age (In yrs. last birthday) Yrs. If Under 1 Year If Under 24 Hrs. 9. Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Day, 056-12-6862 Deys Hours 108 M 2□ F May 25, 1912 Usual Residence of Decedent 10b. Coun toc. City, Town or Locetion 10d. Inside City Limits 1 Yes 2 No Kincess OMERSET 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2185 12. Wes Decedent Ever in U,S. Armed Forces? 1 ② Yes 2 □ No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Reca - American Indian Bleck, White, etc. 1 Never Merried 2 Married Black 1 ☐ Yes 2 No Specify: 3 XWidowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) abor

18. Mother's Neme (First, Middle, Meiden Sumame)

Dete

8-3-96

→ Adie

Greenwood School RU

Voterans Com.

22. Neme and Address of Fecility
Anthony E. Ward

19b. Melling Addrass (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code)

Wilson

Plincos

Funcial Home

20c. Location - City or Town, Stete

Sculah

tom, MD 21853

Physi /Me Exan

Physician

/Medical

Examiner

10e, Stete

Father's Name (First Middle Last)

19e. Informent's Name/Reletionship (Type,

4 ☐ Donetion 5 ☐ Other (Specify)

21. Signature of Foheral Service Licensel

Margaret Jones
200. Method of Disposition

HEnry

Clay

1 Surial 2 Cremetion 3 Removel from State

Jones

NIECE

Funeral

Director

28a-f show must be notified at

items 23s or

the Medical Examiner

Hygiene. other than "natural", or

other t

permit. Pages 1 and 2 should be file Department of Heelth and Mentel Hy Important: If item 27 is marked oth any injury or other traumatic event ones.

Director

Funeral

by

Completed

Be

2

the Meryland

Pages 1 and 2 should be filed within 72 hours efter deeth with

Baltimore, Maryland 21215-0020

To the Hospital or Attanding Physician: The lew requires that the deeth certificate be executed within 24 hours effer deeth. certificate has this within 24 hours efter death. To the Funeral Director: After

Division of Vital Records, P.O. Box 68760,

	23a. Part. Enter the disease or com shock, or heart allow, List only	nplicetions y one ceus	s thet caused the dee se on aech line.	eth. Do not entar t	ha mode d	of dylng, such es cardie	ec or res	spiretory errest,		Int	proximate erval Between aset and Deeth
	tmmedieta Causa (Finel diseese or condition resulting in death)		SEPSIS							2	L WEEKS
<u> </u>	resulting in death)	187	Dua to ((or es a consequer	nca of):						
Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	b. ——	Due to (or es e consequer	nce of):						
/Medical	Cause (Disease or Injury that initiated events resulting in deeth) Last	c	Due to (or es e consequen	ca of):						
Physician/Medical	Pert II. Other significant conditions of SEVERE ANET		ng to death but not re	sulting In the unde	rlying caus	se given in Pert i.			cco use co		cause of death
								24a. Was en ar performed	37	compl of dea	
non-dulon non-dulon	25. Was case referred to medical							performed		compl of dea	ble prior to etion of cause
ne combieren	25. Wes case referred to medical examiner? 1 □ Yes 2 □ No	Hospital	1: 1 Whostlent 2 F	FR/Outhatient	3[] DOA	28. Plece of De	eath (Ch	performed 1 ☐ Yes	2 D No	avellal compl of dea	ble prior to etion of cause th?
no per combinered	examiner? 1 Yes 2 No 27. Menner of Death 1 Neturel 5 Pending 2 Accident Investigetio	Hospital 28e.	i: 1 🖫 fipatient 2 🛭 Dete of Injury (Month, Dey Year)	28b. Time of Injury	3□ DOA 28c.	Other	eath (Ch	performed	2 12 No 2 10 No 8 □Oth	avellal complied of dea	ble prior to etion of cause th?
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11304

Maryland

20b. Plece of Disposition (Name of cemetery, cremetory or other piece)

Registrar

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State of Maryland / Department of Health and Mental Hygiene

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				Ce	rtificate of	Death	F	leg. No.		
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	Physici /Medi		David Earl Lynch				July	25 1	996	2:45PM
	Examir		4e. Fecility Name (If not institution, give street and number)			4b. City, Town, or L	ocation of Deeth	4c. Count	y of Deeth	
			Carroll County General Hospita	1		Westmins	ster		Carro	511
	Funeral Director		5. Sociel Security Number 218-64-5881 Usuel Residence of Decedent 6. Sex 1		Months Deys		8. Date of Birth (Month, Day Sept. 3	, Year) , 1953	9. Birthp Cour Mary	plece (State or Foreign http:) y land
	and			Town or Lo	ocation				1	I Od. inside City Limits
	he Mary	Director	Maryland Carroll			Bridge	Ţ ·-			1 ☐ Yes 2 No
	23a or 2		857 McKinstry Mill Rd.			1791		U.S.A		itry?
020	172 hours after deeth with the Maryland "natural", or Kems 23a or 28a-f show edital Examinet must be notified at	by Funeral	11. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. Wes Decedent Ever in U,S Armed Forces? 1 Yes, Give Yeer or Dates: 1973—		Was Decedent of If Yes, specify Cub 1 ☐ Yes 2 ☒ No	Hispenic Origin? (Speen, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	14. Re Ble Specia	ce - Americ ck, White, fy: Wh:	
2	72 ho natur	Completed	15. Decedent's Education (Specify only highest grade completed)	16e. Dece	dent's Usuel Occu	pation	rina	16b. Kind of B	Jusinass/In	dustry
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7	filed within Hygiena. Wher than "	S	10		roofer	T			ruct	ion
Maryland 21215-0020	o d in D	To Be	Earl C. Lynch			18. Mother's Nem	e (First, Middle, ty Jane		me)	
an	d 2 should th and Mer 7 is marke traumatic		19e. Informent's Neme/Reletionship (Type, Print)	19b. Meili	ing Address (Stree	t and Number or Rur	al Route Numbe	r, City or Town	, State, Zip	Code)
_	and 2 aeith n 27 i		Diana W. Lynch/wife	857	McKinst	cy Mill Ro	l. Uni	on Brid	ige, l	MD 21791
altimore,	Pages 1 and nent of Haelt int: If Itsm 2 iry or other		Ce Ce	metery, cre	osition (Name of matory or other ple eek Cemet	ery 7	Dete /27/96 r	20c. Location nr. Lin		
Balt	pemit. Page Department or important: if I any Injury or office.		21. Signeture of Funeral Service Licensee	23	2. Neme end Addr		tzler Fu	neral	Home	
	Physician /Medical Examiner	ler	23a. Part: Enter the disease, or complications that it is sed the deeth, shock, or heart feilure. List only one cause on such line. Immediate Cause (Finel disease or condition resulting in death) e. Due to (dr.		lory Di	Ing, such es cardiec	or respiretory an		21	Approximate interval Between Onset end Deeth 4 olay
Box 68/60,	death certificata be axecuted a attending physician and of for use as the burial-transit	an/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last b. Due to (or	60		eshrul Failu	Blee	dy		7 olays 4 olays
J.	het the deal	Physician/	Pert II. Other significant conditions contributing to death but not result	ting In the u	underlying cause gi	iven in Pert I.	23b. Did to	.1	ontributa to	o the cause of death? bably 4 Unknown
Hecords,	The law requires that the de ste has been signed by the a page 2 should be deteched	Completed by					24e. Wes a		av co	ere autopsy findings alleble prior to impletion of cause death?
	Tha lew cate hes	E					1 U Y	es No	1[Yes 20 No
Vital		Bec	25. Was case referred to medical examiner?			26. Place of Deel	h (Check only or	ne)		
	Physician: this cartific rai director,	To	Hospitel: N	R/Outpatie	nt 3 DOA Ot	her: 4 Nursing Ho	me 5 Resid	enca 6 🗆 Oti	her (Specif	ý)
on of	Ing Aftar Fune		27. Menner of Deeth 1	28b. Time o Injury	Wo	ry et ork?] Yes 2 ☐ No	28d. Describe h	ow injury occu	rred	
DIVISION		Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Plece of Injury - At hor building, etc. (Specify)	ne, ferm, st	reet, fectory, office		28f. Location (S City or Tow		ber or Rura	al Route Number,
	To the Hospital or within 24 hours after To the Funeral Dir complataly filled in	edical C	29e. Certifier (Check only one) 1 Sertifying Physician: To the best of my know one) 2 Medical Examinar: On the basis of examinetic and menner steted.	ledge, deet on end/or in	th occurred et the ti	ime, dete end plece, opinion, deeth occur	and due to the cred at the time, o	ause(s) end m lete end pieca,	anner as s and due to	teted. the cause(s)
	To th Within	ž	29b. Signeture end title of certifier		29c. Licen	se number	2	29d. Dete signe	ed (Month,	Day, Year)
			Eligath mi	9	DA	40235		7/257	196	
			30. Neme and eddress of person who completed cause of deeth (Item:	23e) (Type,	Print)	4 /1/201	minste	. MAN	1 7/	167
	Sta	to	31. Dete filed (Month, Dey, Year) 32 Registuar's Signetu	1410	njierani	. [vest	minsi-e	, The	101	
	Registr		JUL 3 0 1996 July dhurlen	Randal	4					

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Physician/Medical þ Completed Be 2

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certificate

director,

funeral

filled in by the

within 24 hours e To the Funeral C completely filled

Certification:

Medical

State

Registrar

29a. Certifier

Hospital or Attending Physician: '24 hours efter death. Funeral Director: After this certifica

Division of Vital Records,

Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

25. Was cese referred to medicei Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA XXYes 2 No 27. Menner of Death 1 Natural 5 Pending

2 Accident investigation 3XXSuicide 6 Could not be determined 4 Homlcide

28e. Dete of Injury (Month, Dey Year) FOUND 7/20/96 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of Injury UNKNOWN

FOUND IN GRASS

28c. Injury at Work?

1 Yes 2 No

28d. Describe how Injury occurred SUBJECT SHOT SELF

26. Place of Death (Check only one)

24a. Wes an autopsy performed?

28f. Location (Street and Number or Rural Route Number, City or Town, State) N. 0F' RT. 144/ MUSSETER ROAD

29b. Signature and title of certifier wo,

30, Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

29c. License number OCME 29d. Date signed (Month, Day, Year)

JULY 21,1996

JUL 30

N. KOKEL My111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signature Davidson Randall

10:00 A

Birthplace (State or Foreign Country)

10d. Inside City Limits

Alexandria Virginia

Interval Betwe Onset and Deeth

23b. Did tobacco use contributa to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24b. Were eutopsy findings evalleble prior to completion of cause of death?

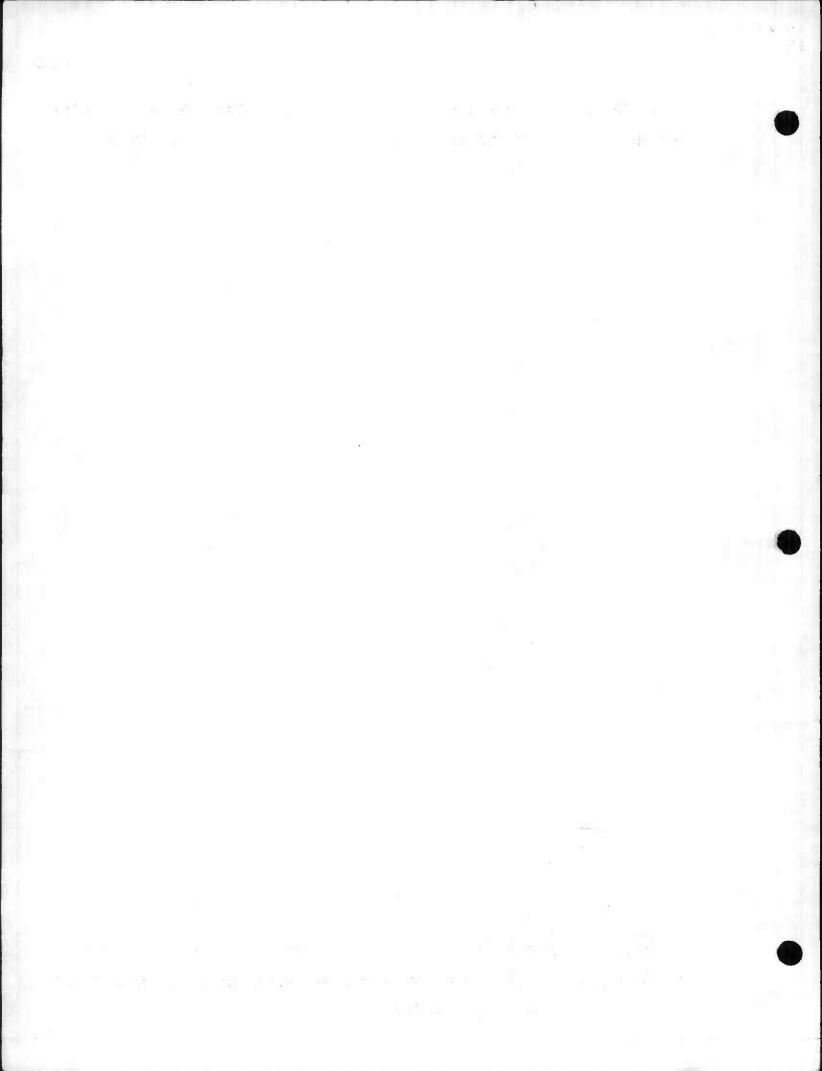
18 Yes 2□ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) CAR

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) and menner es steted.

2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner steted.

ALYDOUND 31. Date filed (Month, Dey, Year)



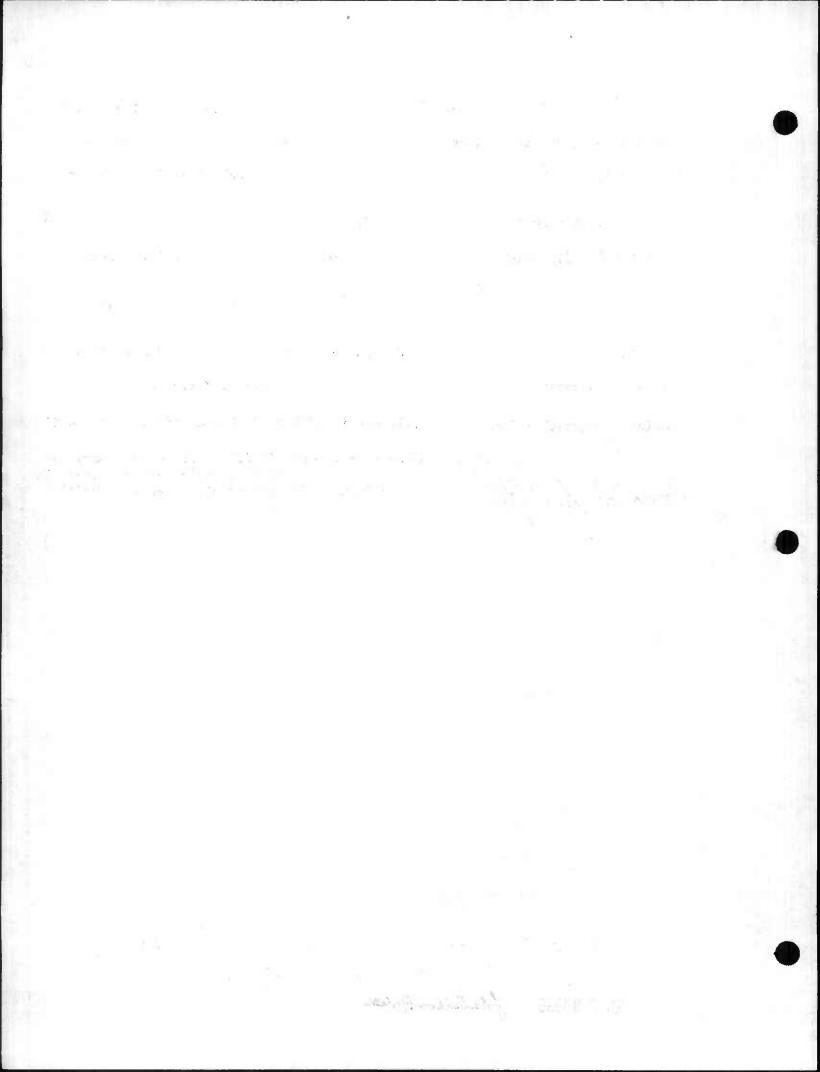
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				,	Certific	cate of	Death	F	leg. No.	0 4	0171		
	Dhyoia	ion	1. Decedent's Nama (First, Middle, La.		26.3		III III	2. Data of Dea Month		Yeer	3. Tima of Death		
	Physici /Medi		Richard (Соу	Mabe			July 1	4,1996	1001	6:40PM		
	Examir	ner	4a. Fecility Neme (If not institution, give				4b. City, Town, or						
L			1653 Ritchie- 5. Social Security Number 6. S			Indar 1 Yaar	Jpper Ma						
	Funeral Director		243-42-4649	ax № 2□ F 7. Age (In yrs.		nths Deys	Hours Min.	(Month, Day			ce (Stete or Foreign y) Carolina		
	and *=		Usual Residence of Decedant 10a. Stete 10b. County	10c. Ci	ty, Town or Location	7				100	d. Insida City Limits		
	Mary of eh	to	Md. Prince	George's Up	per Marl	boro					1 □ Yes 2 No		
	h with the 3a or 28a at be not	Funeral Director	10e. Street and Number 1653 Ritchie-		10	f. Zip Coda	0774		U. S		y?		
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mantal Hygiene. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show any injury or other traumatic event, the Modical Examiner must be notified at ance.	b	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Ever in U Armed Forces? 112 Yas 2 □ No If Yas, Give 1950- Yeer or Datas:	13. Was D If Yas, -1954 1□ Ya	ecedent of I specify Cub as 217 No	Hispanic Origin? (S an, Mexican, Puerl Specify:	pecify Yes or No- o Rican, atc.)	Biec	e - American ek, White, etc "White	tc.		
2-0	72 ho natur zieni	Completed	15. Decedant's Ed (Specify only highest gra	ucation	16e. Decedent's	Usuel Occu		rkina	16b. Kind of Bu	isinass/Indu	istry		
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	her th	S	17. Fathar's Name (First, Middle, Last)		pares n	re pre		ma (First, Middle,					
and	nital h	Be	Lemmie Watson					stevens	Maiden Sumem	Θ)			
Maryland	should Ma	2	19a, informent's Neme/Ralationship (1	Type, Print)	19b. Mailing Add	drass (Stree	end Number or Ru	ural Route Numbe	r. City or Town	State Zin C	Code)		
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Balt	permit. Departming imports eny inju		21. Signature of Funeral Service Licen	155							alvert,P nd 20736		
	Physician		23a Part1. Entai/ha disaase or comp shock, or haart failura. List only	plications that caused the deal one cause on each line.	th. Do not anter the	moda of dyi	ng, such as cardla	or raspiratory ar	est,	ir	Approximata ntarval Between Onset and Death		
Ž.	/Medical Examiner		Immediata Causa (Final disaasa or condition a metastatic Pawereatic Cancer										
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	icata be axecuted physician and s the burial-transit	Examiner	Sequentielly list conditions, if any, leading to immediate	Due to (or as a consequence	of):							
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Box 68	cartificat nding phy usa as th	n/Medi	rasulting in death) Last	d	n as a consequence	, oij.							
œ.	death e atte	sicia	Part II. Other significant conditions of	ontributing to death but not ras	sulting in the underly	ina cause di	ven in Part i	23b. Did to	obacco usa cor	atribute to t	the cause of death?		
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Œ.	The I	E O						1 🗆 Y	es 2 kg No	10	Yas 2□ No		
Ita	shrifted ctor,	Be	25. Wes case rafarred to medical examinar?					ath (Check only or	ne)				
7	Physicien: this certific ral director,	မ	1 Yas 2 2(No		ER/Outpatient 3E	J DOG [lome 5 Resid	ence 6 Othe	er (Specify)			
no	After t	:lon:	27. Mannar of Death 1 Naturel 5 □ Panding	28a. Data of injury (Month, Day Year)	28b. Tima of injury	28c. Inju Wo	ryat rk? ∣Yes 2 □ No	28d. Describe h	ow injury occurr	ed			
Division of Vital	To the Hospital or Attending Physician: The law within 24 hours after death. To the Funeral Director: After this certificate has complately filled in by the funeral director, page 2	Certification:	2 Accidant invastigation 3 Suicide 6 Could not be 4 Homicida detarmined		oma, farm, street, fa		7100 2010	28f. Location (S City or Tow		er or Rural F	Route Number,		
	ne Hospita n 24 hours ne Funeral plately fille	edicai	29a. Cartifler (Check only one) 1 Certifying Phy 2 Madical Exam	/sician: To the best of my kno iner: On tha basis of examina and mannar stated.	wiedga, death occu tion end/or invastige	rred at tha ti etion, in my	me, dete end piece opinion, daath occu	, end due to the corred at tha tima, c	ausa(s) end ma lata and placa, e	nnar as stat and dua to the	led. he cause(s)		
	To the Within To the Comp	×	29b. Signature end titla of certifiar	15		29c. Licens	se number	1	9d. Data signed	1 (Month, De	ay, Year)		
			Charle if	166		70.3	30484		7/16/	56			
-	25+1		30. Nama and addrass of person who o	implated cause of death (iter	n 23a) (Type, Print)								
0			Charles A. Umo		4333 Old	Branc	h Avenue	Marlow 1	Heights	MD 20)748		
	Sta	ite	31. Dete filed (Month, Dey, Year)	32. Registrar's Signa	atura Rondall								

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State of Maryland / Department of Health and Mental Hygiene 95 23798

								Cert	tificate	e of	Death		Reg. No.	20	23/90	
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			Anne Aru								Annapo			e Arur	ndel	
Fune	_		5. Sociel Security Nun		Sex 11⁄27 M 2.□ F		In yrs. lest b		if Under Months	1 Year Days			th ly, Yeer)	9. Birthp	plece (Stete or Foreign ntry)	
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and *		ŀ	Usuel Residence of D 10e. State 1	Ob. County		10	Oc. City, To	wn or Loca	ation					1	10d. Inside City Limits	
Mary!		5	MD ()	1		C	1 1.	. 17.1	1					1 □ Yes 2√□ No	
the 288		Director	10e. Street end Numb)ueen Ar	me s		·	hurch	1 H I I				10g. Citizen o	f What Cour		
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Jeath Tris 2:		Funeral	1412 Rabb	ונ חוו	12. Wes De	cedent Eve	er in U.S.	13. W	as Deced			Specify Yes or No		ed Sta		
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21 Z 13-UUZU within 72 hours after death with the Maryland ene. than "neturat", or items 23a or 28=f show		by	3 Widowed 4	Divorced	If Yes, G Yeer or	Sive Detes:		1[Yes 2	2∭No	Specify:		Spec	eify: Wh	nite	
72 ho		Completed		5. Decedent's E		0	16	e. Decede	nt's Usue	i Occu	petion	and the same	16b. Kind of	Business/In-	dustry	
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and the file of other		Be	17. Fether's Neme (Fi									me (First, Middle		eme)		
Men Men		2	John R.	Murchak	ce							ry A. Ke				
Mal 12 sh h and h sm			19a. Informent's Nem	e/Relationship	(Type, Print)						t end Number or F					
fealth m 27		-	Alice G.		ke-Wif						Hill Roa			4	land 21623	
Total	5		20e. Method of Dispos 1 ☐ Buriel 2XX		Removel from	n State		ery, creme	etory or of	ther ple		Dete	20c. Location	1111		
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permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If them 27 Is a marked other than pay latest a permitted other than any latest or other trainments exceed.	once.	(21. Eignature of Fune	ral Service Lige	naee /	/					ess of Facility oh f Glouce				Home, Inc. MD21401	
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leath certifical attending place as a for use as a					d									1		
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ires that the death certaines that the death certained by the attending be detached for use	č	by ruy										10	Yee 2□ No	3 □ Prol	bably 40 Unknown	
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ysician: The la is certificate ha			25. Wes case referred	to medical							28 Piece of De	eth (Check only o			☐Yes 2☐ No	
Physician: this certific		0	exeminer? 1 ☐ Yes 2 ☐ No		Hospitel:	Inpatient	2 🗆 ER/O	Outnetient	3□ DO	A Oti	nor:	Home 5 Resi		ther (Specifi	v)	
) £ 5 m			27. Menner of Deeth		28a. Dete		28b.	Time of		Bc. Inju Wo		28d. Describe			77	
tending Ph leath. tor: After thi		2	1 Neturel 2 ☐ Accident	5 Pending investigatio		nur, Day re	ear)	Injury	М		Yes 2 No					
or At of At of At	1	Cer micanon:	3 ☐ Suicide 4 ☐ Homicide	Could not be determined	286. Plec	a of fnjury ting, etc. (S	- At home, f Specify)	erm, stree	et, factory,	, offica		28f. Location (City or To		mber or Rura	Il Route Number,	
To the Hospital within 24 hours of To the Funeral I completely filled			29a. Certifier (Check only one)	Certifying Ph Medical Exar	niner: On the b	e best of m basis of exe	eminetion e	e, death o	occurred e stigetion,	t the ti	me, date end plece	e, and due to the urred et the time,	cause(s) end r dete end pleci	menner es si e, end due to	lated. o the cause(s)	
ro the within 2 Fo the		-	29b. Signeture end title	of certifier	3110 11101	7			29c.	Licens	se number		29d. Dete sign	ned (Month.	Dey, Year)	
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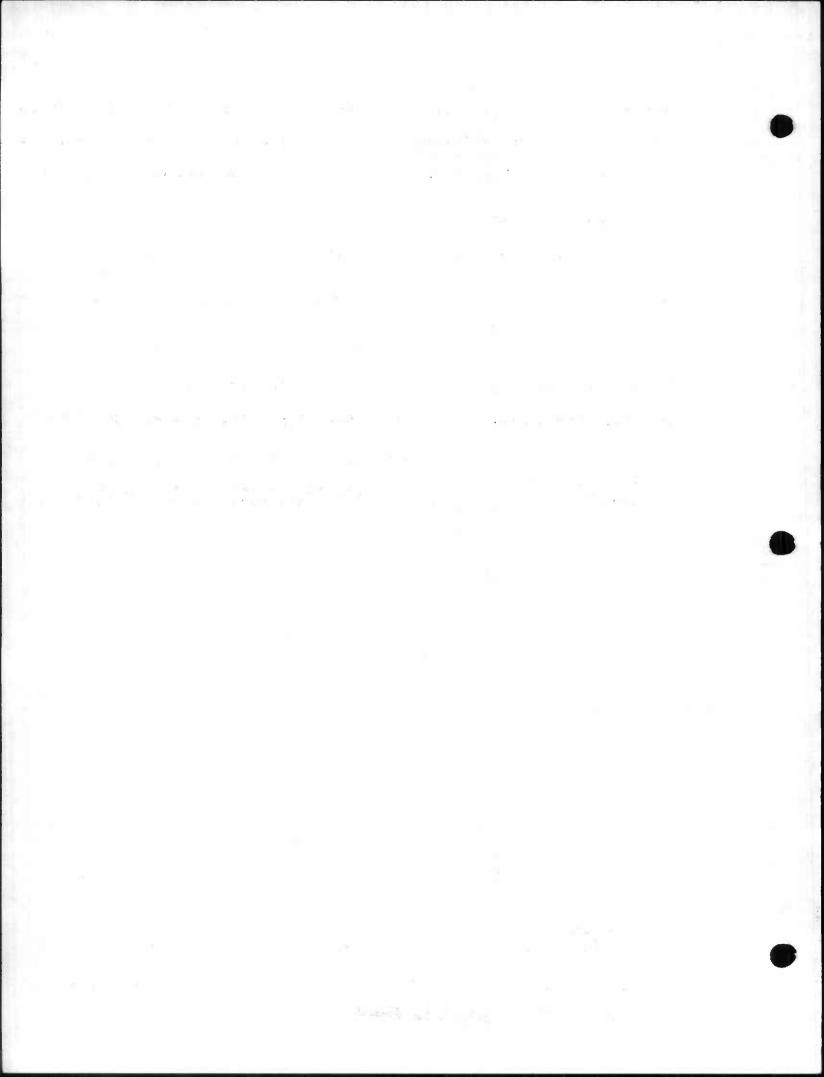


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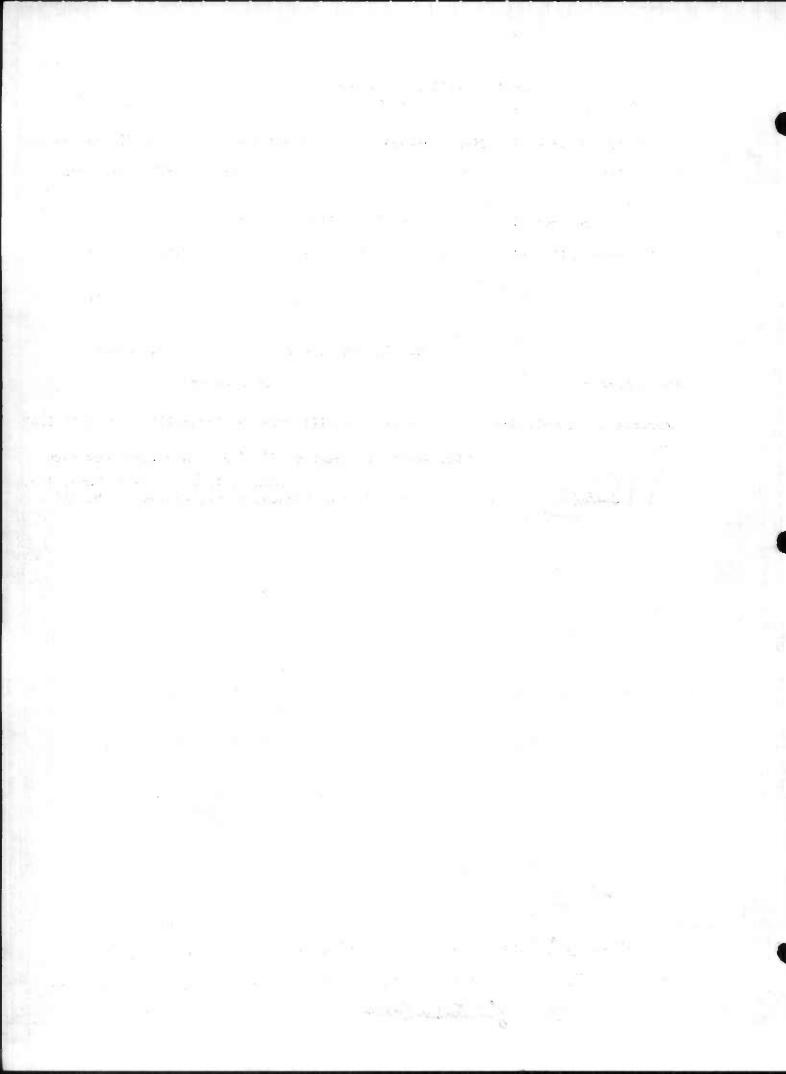
						Ce	rtificate	of	Death		Reg. N	No.			
			1. Decedent's Neme (First, Middle, Las	t)						2. Dete of Month		2011	Veer	3. Time	e of Death
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	Exami		4e. Facility Neme (If not Institution, give	street end numb	er)			4	b. City, Town	, or Location of D	eeth 4	tc. County	of Death		
			Anne Arundel N	ledical	Cente	r			Annap			Anne	Aru	nde	1 Co.
	Funeral Director		212-34-1838	x 7. □M 25√F	Age (In yrs. lest 9 4	birthdey) Yrs.	If Under 1 Months 2	Yeer Days 9	If Under 24 Hours	Min. (Month,	Birth Dey, Yes 0 6 - 1	902		laca (Ster try) M D	te or Foreigr
	p .		Usuel Residence of Decedent 10a, Stete 10b, County		10c. City, To	own or Le	ocation						1/	Od Incide	e City Limits
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	72 hours effer death with the Maryland neturel', or Nems 23s or 28s-f show insel Examiner must be notified at	by Funeral	11. Maritel Stetus 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decede Armed Force 1 Yes 2 If Yes, Give Yeer or Dete	es? No		Was Decede If Yes, specif 1□ Yes 24	y Cube	lispanic Origin en, Mexican, P Specify:	? (Specify Yes or uerto Rican, etc.)	No-		e - America k, White, e		J _e
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	E T T T		17. Father's Neme (First, Middle, Last)					-	18. Mother's	Neme (First, Mid			e)		
	S a b s	o Be	Henry Triesch	nan						y Koeh!			-/		
	2 should be and Mentale Is marked	F	19a. Informant's Name/Reletionship (7		1	9b. Malti	ng Address /	Street	end Number o	or Rural Route Nu	mher Cih	v or Town	State Zin	Code)	
	1 2 2 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2		Ann Mallet/Day						Acre			old,			12
	- I E E		20e. Method of Disposition		20b. Pleca	of Dispo	osition (Neme	of		Dete	20c.	Location -	City or To	wn, Stete	9
	Peges net of iny or o		1 ☑ Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		ata ata		metory or oth			y 7-18		Dors	0 V .	MD	
	- FEE		21. Signetura of Funerel Servica Ligan		nea	-	2. Neme end			J . 20		DOLG	су,	1110	
	Depe		N. / ME		//	_				Sons	Fune	ral	Home	1	
	Physician		23a. Part1. Enter the disease, or comp shock, or heart fellure. List only of	licetions thet cau ne cause on eac	sed the death. D	o not ent	495 ter the mode	Rit of dyin	chie ng, such as ca	Hwy. Se	ever y errast,	na P	ark,	Approxim	
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	ding p	Mec	L												
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	requires that the de seen signed by the a hould be detached to	by Physician	Lef t	Hip.	fracti	ure		72	Lour	1	□ Yes	2)SUNO	3 Prob	ably 4	I □ Unknow
	2 S E	Completed								24e. V	/as en au erformed?	topsy	ava	ere sutops allable pri mpletion o death?	sy findings for to of cause
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		Be C	25. Was case referred to medical						26. Place of	Death (Check or	lv one)				
The last	0 0	ToE	examiner?	Hospital:	atient 2 ER/	Outpatier	nt 3 DOA	Oth	OP:	ng Home 5□R		6 □Oth	er (Specify	()	
Ing Phys n. After this funeral di												jury occurr			
	X # = =	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Pleca of building.	Injury - At home, etc. (Specify)	ferm, str	reet, factory,	office		28f. Locatio City or	n (Street Town, Ste		er or Rura	Route N	lumber,
ALL MANAGES	vithin 24 hours after To the Funeral Dir completely filled in	edical C	29a. Certifier (Check only one) Certifying Phy 2 Medical Exam	sfcian: To the be ner: On the best end manner	s of examinetion	ige, deeth and/or in	occurred et vestigation, i	the tin	ne, dete end p pinion, deeth (lace, and due to to occurred et the tir	he cause ne, date a	(s) and ma and place,	nner as stand due to	ated. the ceus	10(S)
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•	- ≱ ⊢ ŏ		Jol fall	MD			K	132	1654						
			30. Name and address of person who c	ompleted cause of		(Type,	Print)	tel	ie Ita	shurry	. 1	tro	10,	mo	2101;

State Registrar



State of Maryland / Department of Health and Mental Hygiene 06 22900

	an	1. Decedent's Name (First, Middle, L.		Lill	ian J.	ficate of Maxwell	1	2. Dete of De Month	Day	Year	3. Tima of Death
Physici /Medi			J.		,,,,	ceep		7	23	94	1104
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Funeral Director			Sex 1 □ M 2 1 F	85		If Under 1 Yea Months Days			9 1911	9. Birthple Count New	York
ahow		10a. State 10b. County		10c. Ci	ty, Town or Loca	tion				10	d. Inside City Limits
28a-f ah notified	ctor	MD Anne Ar	runde 1		Dav	idsonv	ille				1 Yes 2 No
or 28	Dire	10e. Street and Number .				10f. Zip Code			10g. Citizen of V	Vhet Count	ry?
238	rai	906 Malvern Hil	ll Drive			21035-	-1242		United	Stat	es
al', or items Examiner n	by Funeral Director	11. Maritai Status 1 ☐ Never Merried 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Was Deceder Armed Forces 1 Yes 2 If Yes, Give Year or Dates	? No		s Decedent of es, specify Cul	Hispanic Origin? (Sban, Mexicen, Puer Specify:	Specify Yes or No to Ricen, etc.)	14. Race Blace Specify	e - America k, White, e	
'natural',	Completed	15. Decedent's E (Specify only highest gr			16a. Deceder	it's Usuai Occu	upation e during most of wa red)	ndina	16b. Kind of Bu	isiness/Indi	ustry
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marked matic e	ဥ	19a. Informant's Name/Relationship	(Time Ories)		10h Maillea	A didaga (Char				O	
7 is mu		Lawrence E. Maxy					et and Number or R				21035-1242
nem other	1	20a. Method of Disposition	well-2011	20b. F	Place of Dispositi			Date	20c. Location -	-	
nt: If It		1XXBurial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special					metery 7/	26/96			ew York
후근		21. Sign turn of Europea Service Lice		DE.							
any ir		DRALME	`		147	Duke o	of Glouce	ster St.	Annapo	eral lis,	Home, Inc. MD 21401
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/sician ledical		Immediate Ceuse (Final	140			ba	11.00				0.1301 0.10 0.001.1
miner		disease or condition resulting in death)	e. / 1267		EN41		cury			- '	cups
	je			Due to (d	r es e conseque	nce of):				i	
physician end s the buriel-transit	Examiner	Sequentially list conditions.	b. ———	Due to (c	r es e conseque	nce of):		•		1	
lan e uriel-t	Ex	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that infliated events									
the b	lica	that initiated events resulting in death) Lest	C	Due to (o	r as a consequer	nce of):					
se es	Physician/Medical		d								
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the a	ysic	Part II. Other significant conditions of	ontributing to death	out not res	uiting in the unde	rfying ceuse g	iven in Part I.	23b. Did	tobacco use con	tributa to t	the cause of death?
ed by the deteched								10	Yes 20 No	3 Probe	ably 4 Unknown
5.8	d b							24a Was	an autopsy	24h Wer	e eutopsy findings
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ate hes	Ĕ										eath?
certificate rector, pa		25. Wes cese referred to medical							res 2 100	1 📙	Yes 2□ No
2 2	To Be	examiner?	Hospitai:	ioni O 🗆	ER/Outpatient	all post of	ther	ath (Check only o		10	
Sirec		27. Menner of Death	28e. Date of Inj	ury	28b. Time of	28c. Inju	ary at	fome 5 Resident	now injury occurr		
this		1 Pending 2 Accident S Pending Investigation	(Month, D	y Year)	Injury	Wo	ork?]Yes 2∐No				
fter this	atio			jury - At ho	ome, ferm, street	, factory, office)		Street and Number	er or Rurel	Route Number,
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State of Maryland / Department of Health and Mental Hygiene 96

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State of Maryland / Department of Health and Mental Hygiene 0.5

						Certifica	ate of	Death		Reg. No.	90	23002
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ij.	Physici /Medi		William No	511					Month	20,19	96	10:10 AM
Ŋ.	Examir		4a. Facility Neme (If not institution, give	street and number)				4b. City, Town, or	Location of De		ty of Death	
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	Funerai		5. Sociel Security Number 6. Sc	ax 7. Aga (II	n yrs. last bir	hday) If Und	dar 1 Yaar		8. Dete of E			nplace (State or Foraign
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	the notif	Director	MD Anne	Arundel	Pasa		Zip Code			10g. Citizan o	f What Cor	untry?
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	ma 23	era	11. Marital Stetus	12. Was Decedent Eve	r In U.S.	13 Was Day	2112		Specify Yas or N	USA No. 14. Ba	aca - Amer	rican Indian.
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Maryland	Ald be Aental rked o	ToB	George Nu:	11				Viola	Ch	aplin		
a ₇	de de la	-	19a. Informant's Name/Ralationship (7	ype, Print)	19b	. Mailing Addra	ass (Street	and Number or R	lural Routa Num	ber, City or Tow	n, Stata, Zi	ip Code)
	and 2 saith ar a 27 is or trac		George Null		2	32 Fyc	ock I	rive S	eanor	Pa. 15	953	
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₫	semit. Pa Separtmen mportant: my injury 2008.		21. Signature of Fundral Service Licens		Gren			netery	7/23	Gren	Burn	ie, MD
ä	Page 1		1 10/			Hanna	200	2 2000	Funer	al Hom	e	
	Physician /Medical Examiner	er	23a. Part. Fritar tha diseasa, or completely or heart failura. List only of Immediata Causa (Final disease or condition resulting in death)	a CERE	BRA		ASC				1	Interval Between Onsat and Death
Box 68760,	law requires that the death certificate be executed as been signed by the attending physician and a 2 should be detached for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to Immadiate cause. Enter Undertyling Causa (Disaasa or Injury that Initiated evants rasulting in death) Last	C		consequence o						
	death e atte	Icla	Part II. Other significant conditions co	intributing to death but n	nt rasulting in	the underlying	n causa di	en in Part f	23h Di	d tobacco usa c	ontribute	to the cause of death?
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ec	has b	np l										of death?
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Division of Vital	Attending Physician: r death. ector: After this certific by the funeral director,	Certification:	27. Manner of Death 1 DNatural 5 ☐ Panding 2 ☐ Accidant invastigation	28a. Data of Injury (Month, Day Ye		ima of njury M	28c. Inju Wo 1 □	ryat rk? Yes 2 □ No	28d. Dascrib	e how injury occ	urred	
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	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical C	(Check only 2 Medical Evam	rafcian: To the best of milinar: On the basis of axa and mannar stated.	minetion en	d/or Investigati	on In my o	solution death occ	urrad at the time	a data and plane	and due	to the course(s)
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			7 Tillachte.	D MEDNAI	Maker C	TAGE	711	6079		JULY :	20	199/
			30. Name and addrass of person who c	omplated cause of death	(Itam 23a)	Type Print)	AR	DW K	GAR	LBA N	n.D.	1110
			MORTH ADMANDEL LA	OSPITAL	301 1	OSDITA	TI	NUE E	IEA) R	LIBALIE		
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	Registr		31. Data filed (Month, Day, Year) JUL 2 6 1991	and mannar stated MERCAL completed causa of death OSPITAL 32. Degistrar's	widoon-i	Handall						

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State of Maryland / Department of Health and Mental Hygiene 96

			•	Certificate of Death	Reg.	No.	2	
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	Physici /Medi		SEORGE H.	NUTTER	ALLHIT	2,1996	214	12
	Examir		4e. Fecility Neme (If not institution, give street and number)	4b. City, Town, or Loc		4c. County of De	eeth	
			PENINSULA REGIONAL MEDICAL CENT	TER SALISBU	URY	WICO	MICO	
	Funeral Director		5. Sociel Security Number 6. Sex 1 M 2 F 7. Age (In yrs. let Security Number 1 M 2 F 7. Age (In yrs. let Security Number 1 M 2 F 8 F 8 F 8 F 9 F 9 F 9 F 9 F 9 F 9 F 9	St birthdey) If Under 1 Year If Under 24 Hrs. Months Deys Hours Min.	URY 8. Dete of Birth 2 uly 8	1907	Sirthpiece (Stet Country)	e or Foreign
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	th with the 23a or 28 unt be not	rai Director	38764 Larry Lang ford	RD 101. Zip Code 21853	10g.	Citizen of What	Country?	
21215-0020	hours effer death with the Maryland turet, or items 23a or 28s-f show all Examinet must be notified at	by Funerai	11. Maritei Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. Wes Debedent Ever in U,S. Armed Forces? 1 Never Merried 2 Married 12. Wes Debedent Ever in U,S. Armed Forces 2 No If Yes, Give Yes or Detes:	13. Was Decedent of HispenIc Origin? (Specif Yes, specify Cuben, Mexican, Puerto R 1 ☐ Yes 2 KNo Specify:	cify Yes or No- Ricen, etc.)	14. Rece - Ar Bleck, W Specify:	merican Indien, hite, etc.	K
Ö	natural",	Ped	15. Decedent's Education	16e. Decedent's Usuei Occupetion	168	. Kind of Busine	ss/Industry	
218		Completed	(Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+)	 Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 	9	4		
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	be filed ntal Hygi d other event, to	Bec	17. Fether's Neme (First, Middle, Last)	18. Mother's Neme	(First, Middle, Mei	den Symeme)		
Maryland	Mental Merital Marked Martic ev	To	John H. Nutter	Laur	RA NI	1HER		
any	P E		19a. Informent's Neme/Reletionship (Type, Print)	19b. Meiling Address (Street and Number or Rural			a, Zip Code)	
Σ	1 end 2 Health a ern 27 la		Dorothy Nutter Wife	28764 Larry Langford RE	Princes	s Anno	, MD	21853
re,	f Heal fem 2 other		20e. Method of Disposition 20b. Plea	ce of Disposition (Neme of netery, cremetory or other plece)		Location - City		07,000
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Baltimore	mit. Peg partment portant: I y Injury o	N i	21. Signature of Funeral Service Licenses	22 Name and Address of Fecility	-	- 1	1	1010
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	-	-	On But Esta today of Care	30639 Hampdon A	VE Princ	cess And	20, MD	2185
VI.		di i	23a. Part1. Ento: ber sease, or complications that caused the deeth. shock, or heart talure. List only one cause on each line.	Do not enter the mode or dying, such as cardiac or	respiratory errest,		Approxim tntervai E Onset en	late Setween
	Physician /Medical		Immediate Cause (Final	0 7. 76 4	1		Onsot on	Q D00(1)
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9	rificete be executed ng physician end es the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury c.	s e consequence of):			1	
68760,	cete be ex physician the burie		Cause. Enter Underlying Ceuse (Disease or injury					
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Вох	es that the deeth ce igned by the ettendii be detached for use	Physician/						
o	0 0 0	ysi	Pert II. Other significant conditions contributing to death but not resulti	ng in the underlying cause given in Pert I.	23b. Did toba	cco uee contribu	ute to the caue	e of death?
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ec	2 8 8	Completed	0 0000				of death?	Cause
<u></u>	The pag	S	Unenica. Stende	en	1 🗆 Yes	2 No	1 ☐ Yes 2	No
of Vital Record	Physician: The ribis certificate rail director, pag	Be	25. Wes case referred to medical exeminer?	28. Place of Deeth	(Check only one)			
=	Physic this co	2	Hospital:	3 DOA Other: 4 Nursing Hom	ne 5 Residence	6 ☐Other (S	pecity)	
u u	ng PI		27. Menner of Deeth 1 Ma Neturai 5 Pending 28a. Dete of injury (Month, Dey Year) 29a. Dete of injury (Month, Dey Year)	8b. Time of 28c. injury et 29 Work?	8d. Describe how I	njury occurred		
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Division	or Attending offer death. Director: After in by the fune	₩ H	3 ☐ Sulcide 6 ☐ Could not be determined 28e. Place of injury - At home building, etc. (Specify)	e, ferm, street, fectory, office	8f. Location (Stree City or Town, S		Rural Route No	umber,
ā	s effer of in b	Certification:				,		
	To the Hospital or Attending Physician: The I within 24 hours effect death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edicai	29a. Certifler (Check only 2 Medical Examiner: On the basis of examination					-(0)
	he H in 24 he F		(Check only one) 2 Medical Examiner: On the basis of exemination and manner stated.	n end/or investigation, in my opinion, deeth occurred	d at the time, dete	ena piece, ena a	lue to the cause	9(8)
	With To the	2	29b. Signature and title of certifier	29c. License number	29d.	Dete signed (Mo	onth, Day, Year)
			Regard 1. Bello	- KD D-29505	8	-3-9	76	
			39. Name and address of person who completed cause of deeth (Item 2:	3e) (Type, Print)				
		1	GREGORIO M. BELLOSO, M.D.	5302 CHINABERRY DE	Salish	cern. H1	218	21
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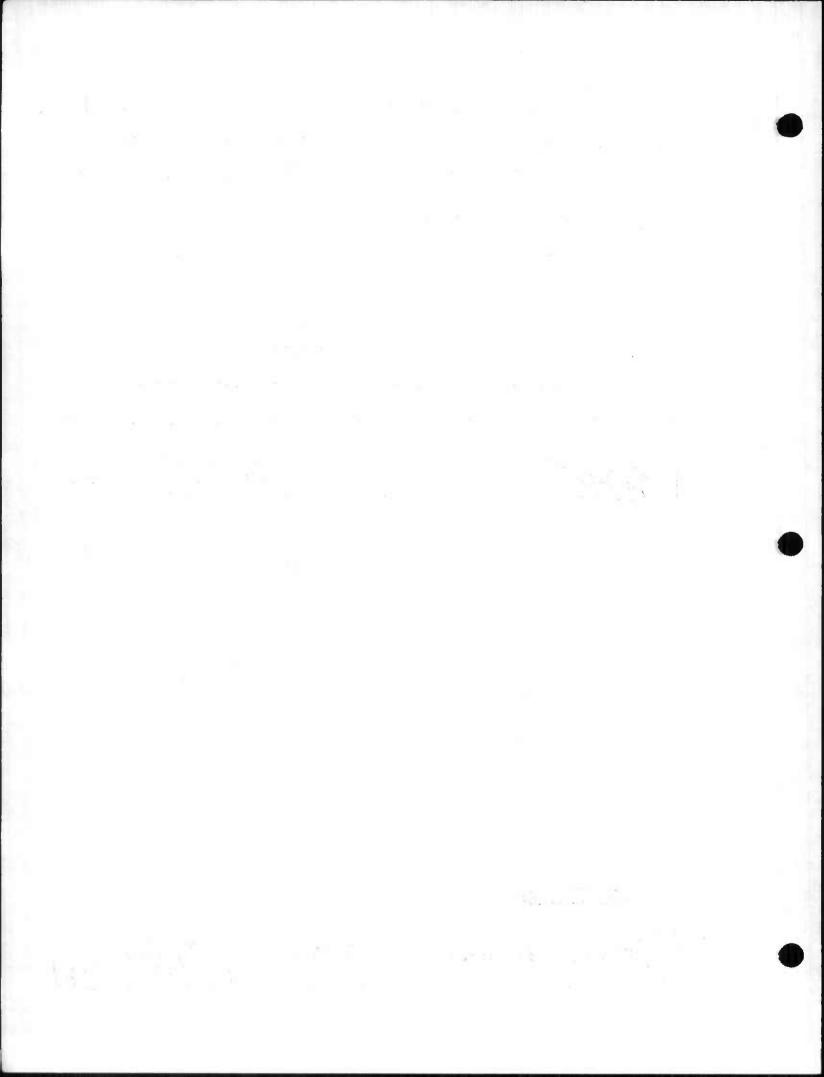
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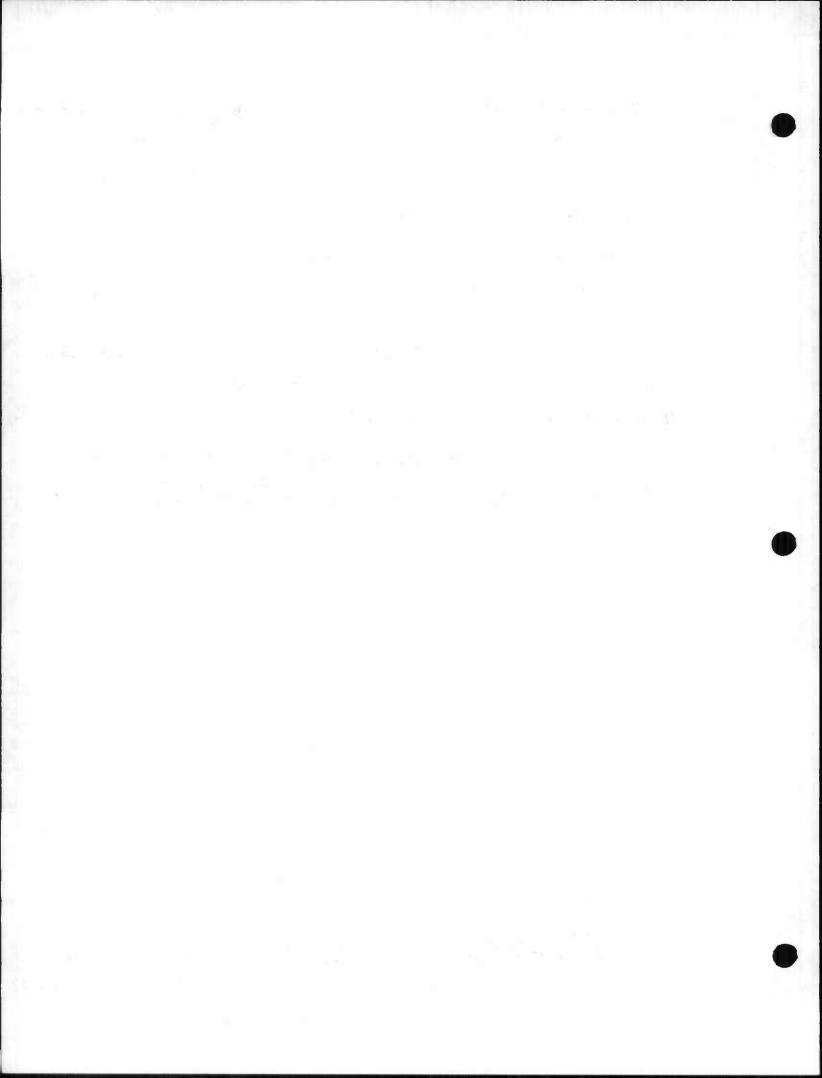
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2	/Medi			LORENCE	MURIEL	NO	OONEN				7	3	1	96	10	3m								
7	Exami	ner	4e. Facility Neme (If not institution, give BETHANY CARE H								Location of Death 4c. County of Death STER CARROLL													
	Funeral		Social Security Number 6. S	ex 7. Age	e (In yrs. last bir	thday)	If Under 1 Ye	ar	If Under 2	24 Hrs.	8. Dete of 8 (Month, D	1		9. Birthp	ace (State	or Foreign								
	Director		137-011019 Usuat Rasidence of Decedent	□M 212 F	90	Yrs.	Months Day	ys	Hours	Min.	4/27/	190	6	Coun	JER									
	i within 72 hours after deeth with the Maryland ilene. Than "natural", or items 23a or 28s-f show the Modical Examiner must be notified at	al Director	10a. State 10b. County NEW HUNTERD	ON	10c. City, Town									11		City Limits								
			10e. Street and Number 10f. Zip Code								10g. Ci	itizen of W	/hat Coun	try?										
											U	SA.												
		Funeral	11. Marital Status	12. Was Decedent I Armed Forces?	Ever in U,S.	13. V	Ves Decedent o Yes, specify C	of Hisp	anic Orig	in? (Spe	city Yes or N	0-	o- 14. Rece - American Indian, Black, White, etc.											
21215-0020	ours afte	þ	1 ☐ Never Merried 2 ☐ Married 3X Widowed 4 ☐ Divorced	1 ☐ Yes 2X N If Yes, Give Year or Dates:	lo	1 ☐ Yes 2 ☐XNo Specify:						Specify: WHITE												
5-0	72 h	ted	15. Decedent'a Ed (Specify only highest grad	ucation	16a.	Deced (Give	ent's Usual Occ	cupation	on	of worki	na	16b. k	Kind of Bu	siness/Ind	ustry									
121	within ene. then	Completed	Elementary/Secondery (0-12)	+)	(Give kind of work done during most of work life. DO NOT use ratired) HOUSEWIFE				9	LI.	OME	ME MAKING												
	를 찾을 된		12 17. Father's Name (First, Middle, Last)	-			110				(First Middle	1	alden Sumame)											
lan	S I S	To Be		EDERICK	D	UNN	1	1	o. Motrie		LORENCE SHANNON													
Maryland	d 2 should be fi th end Mental I- 7 is marked of traumatic eve	-	19a. tnformant's Name/Relationship (7	ype, Print)			g Address (Stre			r or Rura	l Route Numi	ber, City	or Town,	State, Zip	Code)									
	2 5 5 5		HELEN STRASKUL	IC -NIE	CE 1	5 F	KALTEN	RI	D.,	WES	ESTMINSTER, MD. 21158													
Baltimore,			20e. Method of Disposition X Burial 2 □ Cremation 3 □	Removel from State			sition (Neme of setory or other p				Date	-	ocation - (
tim	men tent:		1 □ Donation 5 □ Other (Specify	7	ROSEM	CNO	CEME'	TEI	RY	8	8/2/96ROSEMONT, NEW JERSEY													
3al	permit. Peges Department of Important: If it any injury or once.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							7 11	LETCHER FUNERAL HOME , WESTMINSTER, MD. 21157													
	20244		11/109							-			STER	, MI). 2	1157								
	Physician /Medical Examiner		23a. Part. Enter the disease, or comp finded, or head tallie. List only of finded the control of the control finded the control of the control of the disease or condition resulting in death)	e. Con	Dua to (or as a c	غر	hear	₹	1	ilu		errest,		1	Approxime Interval Be Onset and	etween								
ox 68760,	eath certificate be executed attending physician and I for use as the burial-transit	lan/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events rasulting in death) Last	b	Due to (or as a co	consequ	Suffuence of):	1.	lat	rey														
O. B	0 0 %	Physician	Part ti. Other signiftcant conditions contributing to death but not resulting in the underlying cause given in Part I.								23b. Did tobacco use contribute to the cause of death					of death?								
σ.	es that the de igned by the s be detached									1 □ Yee 2 No 3 □ Prob				ably 4	Unknown									
Records,	been s	Be Completed by		leted by										<u> </u>					24a. We	s an auto	psy	ava	re autopsy ilable prior apletion of laath?	to
Ä	sician: The certificate h irector, page										10	Yes 2	No	1	Yes 2	□ No								
of Vital			25. Was case referred to medical					2	26. Place	of Death	(Check only		1		hill -									
f V		ToE	examiner?	Hospital: 1 ☐ Inpatie	nt 2 ER/Ou	tpatient	3□ DOA	Other			ne) 5□ Res		6 □Othe	r (Specify)									
ision	ing After une		27. Manner of Death Natura Natura 5 Pending Investigation	28a. Date of tnjur (Month, Day						28d. Dascribe how injury occurred														
	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fi	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide datermined	rm, stre	street, factory, office 28f. Location				28f. Location City or To	n (Street and Number or Rural Route Number, Town, Stata)														
		edicai C	29a. Certifier (Check only one) Certifying Phy 2 Medical Example	efclan: To the best of iner: On the basis of and manner sta	examination and	death	occurred at the estigation, in my	time, y opln	date and ion, daat	place, a	and due to the	causa(s , date an	i) and mar d placa, a	nnar as st and due to	ated. the causa	(s)								
	To th To th comp	W	29b. Signature and title of cedifier	,	_		29c. Lice					29d. De	ete signed	(Month, L	Dey, Year)									
			30. Name and address of person who co	ompleted cause of de	ath (Item 23a) (Type 5	Print)	98	-		1.6	-	21/4	4	217	4)								
			J.H. CARIO	SPE I	n. D.	. 3 100 1	PO.	T	3 x 1	110	Um	no	5	rid	92/	il								
	Sta		31. Date filed (Month, Day, Year)	110	r's Signature	Paul								7	,									
	Registr	aı	AUG 1	1996 Julia	m madele		a-4																	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 23805

				Certifica	ate of L	Death	F	leg. No.	20000				
	Physic	ian	Decedant's Nema (First, Middla, Last)	OF.			2. Data of Dea Month	th Day Ya	3. Time of Death				
Ų.	/Medi		Elizabeth Bessie	O. Bri	60		Joly &	33, 199	16 640 pm				
	Examir	ner	4a. Facility Neme (If not institution, give street end number)		4	b. City, Town, or Loc	cation of Deeth	4c. County of D					
	-		13701 Olivet Rd. 5. Social Sacurity Number 6. Sex 7. Age (In yrs. le	and foliate ato and all Tilled	der 1 Year	Lusby	II Data of Diet	Calve					
	Funeral Director		5. Social Sacurity Number 6. Sex 1 M 2 F 80	Yrs. Month		Hours Min.	B. Date of Birth (Month, Dey July 31		Birthpiace (State or Foreign Country) Maryland				
21215-0020	Maryland a-f show	tor	10a. Stata 10b. County 10c. City,	, Town or Location Jusby					10d. Insida City Limits 1 Yas 2 No				
	oth with the 23e or 28 ust be not	ral Director	13701 Olivet Road					Og. Citizen of What United St					
	Departit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Items 23a or 28a-f show my Injury or other traumatic event, the Medical Examiner must be notified at ance.	by Funeral	11. Merital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. Wes Decedant Evar in U,S Armed Forcas? 1 Yas, Giva Yaar or Dates:		13. Wes Decedant of Hispanic Origin? (Specif Yas, specify Cuben, Maxican, Puarto R 1 ☐ Yas 2 No Specify:				- American Indian, Whita, atc. White				
5-0	72 ho	Completed	15. Decedant's Education (Specify only highest grada complated)	18a. Decedent's Us	suel Occupa	ation furing most of working	00	16b. Kind of Busine	ass/Industry				
121	ithin and	nple	Eiamantary/Secondery (0-12) College (1-4or 5+)	(Give kind of work done during most of works life. DO NOT use retired)				Manufact	umina plant				
12	filed within Hygiene. other than one, the Men		17. Fathar's Nama (First, Middle, Last)	laborer		40 34-0 - 4-41	(First said at		uring plant				
and	ntai i	Be	Henry Bryson			18. Mother's Nama Mary Whe		maidan Sumema)					
Maryland	12 should be h end Mental 7 is marked o trsumatic eve	To	19a. Informant's Name/Ralationship (Type, Print) Elizabeth Dodson	19b. Maliing Addra	ass (Street a	and Number or Rura		r, City or Town, Sta	te, Zip Coda)				
Baltimore, A	Peges 1 and nent of Health nt: if Item 27 my or other tr		1 DRusial 2 OCcamation 2 DRamausi from Class	ece of Disposition (Numetary, cramatory of	or other place	July 24	1006	20c. Location - City	or Town, Stata a Virginia				
	permit. Peg Department Important: It any injury o		21. Signature of Funaral Service Licensaa					neral Homo	basismen				
	Physician	7	23a. Part1. Entar the diseasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. 4405 Broomes Is. Rd. Port Republic Maryland 20676 Approximate Interval Between Onset and Deeth										
1	/Medical Examiner		Immediata Cause (Final disease or condition rasulting in death) a. SEPS15 Due to (or as a consequence of): DAYS Due to (or as a consequence of): MONTHS										
		Je.	Dua to (or a	as a consequence of	•	10 3	Loan						
	icate be executed physicien and s the burial-transit												
o,	en an		Sequentially list conditions, if any, laading to Immadiata causa. Entar Undarlying Ceuse (Diseasa or injury										
68760,	ate be nysici	Physician/Medical		es e consequenca of	rf):								
	ing pl	Mec											
Вох	eath cer attendin I for use	lan/	d										
P.O.	the a	ysic	Part II. Other significant conditions contributing to death but not rasult	ting in the underlying	g causa giva	an In Part I.	23b. Did to	obacco use contrib	oute to the cause of death?				
	ras that the de signed by the a l be detached f		ADVANCED KLZHEIMM	2 HAMMES DISTORY				1 Yes 2 No 3 Probably 4 Miking					
Vital Records,	been should	Completed by	CHRONIC OBSTRUCTIVE			Y DIJFBF	24a. Was a perfor	an autopsy 2-	4b. Ware autopsy findings available prior to completion of cause of death?				
	0 - 0	omp					10 Y	es 2 No	1 ☐ Yas 2 ☐ No				
ita	ysicien: The s certificate director, pag	Be C	25. Wes casa rafarred to medical			26. Placa of Death	(Check only or	na)					
of V	Q 8	P	exeminar? 1 Yas 25 No Hospital: 1 Inpatiant 2 E	ER/Outpatlent 3□ [DOA Othe	er: 4 Nursing Hon	ne 5 Rasid	ence 6 Other (Specify)				
n	ng Ph fter th meral	:uo	27. Menner of Daath 1 ☐ Natural 5 ☐ Pending 28a. Data of Injury (Month, Day Year) 28a. Data of Injury	28b. Tima of Injury	28c. Injury Work	at 2	8d. Describe h	ow injury occurred					
Sio	leath. lor: A the fu	catl	2 Accident Invastigation	М		Yas 2 □ No							
Division	To the Hospital or Attending Phywithin 24 hours effer death. To the Funeral Director: After the completely filled in by the funeral	Certification:											
)	n 24 hou e Funer	edical	29a. Certifier (Check only one) 1	ledge, death occurre on end/or Investigetion	ed et the tim on, in my op	e, dete and place, a binion, daeth occurre	nd dua to the co	ausa(s) and menne late and piece, end	or as steted. due to the cause(s)				
	To th To th comp	Me	29b. Signature and title of periglier		29c. Licansa			9d. Data signed (M					
			1 to the past 1	2	X	26358		JULY 2	4.1996				
			30. Name and address of person who complated causa of death (Itam 2	23a) (Type, Print)	-	7		P	4,1996 RICK, Mg-2067				
			JOHN WEIGER W	5 - BO	X26	2-c P6	PINCE	FRIDE	RICK, 19-2067				
	Sta Registr		31. Data filled (Month, Day, Year) 32. Registrar's Signatu 2.6 1996	or Rad II									



State of Maryland / Department of Health and Mental Hygiene 96

				Co	ertificate of	Death	F	Reg. No.		20000	
	D		Decedent's Name (First, Middla, Last)				2. Data of Dea	ith	Veer	3. Time of Death	
	Physici /Medic		Hlice M.		Ou	ten	Month	30, 19	Yaar 94	0425	
	Examir		4a. Facility Name (If not institution, give streat and number)				or Location of Death				
			PENINSULA REGIONAL MEDICAL O			SALIS		WIC	OMICO		
	Funeral Director		5. Social Security Number 2.12-16-1516 Usual Residence of Decedent 7. Age	(In yrs. last birthda) 92 Yrs.	y) if Under 1 Yaar Months Days		in. 6. Date of Birth	1904	9. Birthpl Count	lace (State or Foreign try)	
	hours efter deeth with the Maryland tural', or Itema 23a or 28a-f show at Examinet must be notified at		441 0 4	10c. City, Town or	114				10	Od. fnside City Limits	
	Sa-f s	Director	Md Somersel	7	MArio	n				1 ☐ Yes 2 No	
	s 1 and 2 should be filed within 72 hours efter deeth with the Marylan if Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28=f show other traumatic event, if a Medical Examiner must be notified at	Funeral	10e. Street and Number	1101	10f. Zip Code	1878		10g. Citizan of V	Vhat Coun	iry?	
	me 23		11. Marital Status 12. Was Decedent Ev Armed Forces?	/er In U,S. 13	3. Was Decedent of Hif Yas, specify Cubi	dispanic Origin?	(Specify Yes or No-	14. Rac	e - Amarica	an Indian,	
0	or Ite		1 Never Married 2 Married 1 Yes 2 No If Yes, Give		if Yas, specify Cuba 1 ☐ Yes 2 No		erto Rican, etc.)		ck, Whita, e	elc.	
21215-0020	ural',	d by	3 Widowad 4 □ Divorced Yaar or Dates:		TLI Yes ZINO	Specify:		Specify	2	MCK	
15-	"nath	Completed	15. Decedant's Education (Specify only highast grade completed)	(Giv	edent's Usual Occup ve kind of work done . DO NOT use retired	during most of a	vorking	16b. Kind of Bu	usinass/Ind	lustry	
212	within iene. then	ошо	Elementary/Secondary (0-12) College (1-4or 5+))	LABORER			SEAF	pod		
	be filed tal Hygi d other event, to	BeC	17. Father's Name (First, Middla, Last)				lama (First, Middle,				
ylai	Menta Menta srked stic e	To	ElishA WhITE	,		CAT	ME J.	The second second second	524		
Maryland	2 short and halfs me		19a. Informant'a Name/Relationship (Type, Print)	19b. Ma	iling Address (Street	and Number or	Rural Route Number		40.00	1	
- 10	1 and 2 Health em 27		20a. Method of Disposition	20h Piace of Dis	position (Name of	n HAL	/ hd. ///	ATION 20c. Location -			
nor	0 0 4 5		1 Burial 2 □ Cremation 3 □ Removal from State	cemetery, cr	rematory or other place	(a)	9.201	1.1		MI	
Baltimore	permit. Pag Department Important: I any Injury o		4 Donation 5 Other (Specify) 21. Signature of General Service Licensee	LIBERI	22. Name and Addra	ass of Facility		Prince		Anne,	
	40244		Malfoy E. Ware	/ 3	30439 17	am pas	HHUE.	21	853	mc.	
Į,	Physician /Medical		23a. Part f. Enter tha disease or complications that caused the shock, or haart fallure. I ist only one cause on each line.	ne death. Do not e	inter the mode of dyir	ng, su d h as card	liac or respiratory ar	reat,		Approximata Interval Between Onset and Death	
			Immediate Cause (Final disease or condition a Interior client (Heart Pinease 20 up								
	Examiner										
	D =	iner	- Antes		livos				14	50 years	
_	eeth certificata be executed ettending physician end I for use as the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	ue to (or as a cons	,						
68760,	ertificata be execut ling physician end e as the buriel-trar										
	g phy as the	ledical	resulting in death) Last Dua to (or as a consequence of):								
Вох	th cert endin	an/M	d						<u> </u>		
	The law requires that the death cate has been signed by the ettend page 2 should be detached for us	Physician/	Part II. Other significant conditions contributing to death but	not rasulting in tha	underlying cause giv	van in Part i.	23b. Did t	obacco use co	ntribute to	the cause of death?	
P.0	net the	Phy	Dolug Das time 7	1001.0	min		101	/es 2□ No	3 Prob	bebly 4 Unknown	
ds,	signe bid be	d by	a jake si	(Kalen	•	24a Was	an autopsy	24b Wa	are autopsy findings	
CO	w require been si should	al Certification: To Be Completed	Azotemia,	typer	Kallen	na	perfor	med?	ava	allable prior to appletion of causa	
Re	he lay			/ 4			1 D Y	es 20No		death?	
Vital Records,	nn: T tifficat tor, pu		25. Was case refarred to prédical	-		28. Placa of [Death (Check only or			7103 218110	
	nysici ils cei		examiner? 1 Yes 2 No Hospital: 1 Inpatient	2 ☐ ER/Outpati	ent 3 DOA Oth	oer:	Home 5 Resid		er (Specify)	
Division of	Attending Physician: ir death. sctor: After this certific by the funeral director,		27. Manner of Death 1 ■ Natural 5 □ Pending (Month, Day Y	Year) 28b. Time injury	Wor		28d. Dascribe h	ow injury occur	red		
	death ctor: /		2 Accident Investigation 3 Suicide 6 Could not be	At home form	M 1	Yas 2 No	28f. Location (S	treat and Numb	or or Dure	I Pouto Number	
	after Direction of a sin by		4 Homicide detarmined building, etc. ((Specify)	street, lactory, office		City or Tow	n, Stata)	er or nurar	Pioble William,	
	To the Hospital or Attending Physician: The lav Within 24 Journs after death. To the Funeral Director After this certificate has completely filled in by the funeral director, page 2		29a. Cartifier 1 Certifying Physician: To the best of r	my knowladga, des	ath occurred at the tir	me, data and pla	ice, and due to the d	ause(s) and ma	unnar as st	ated.	
	the Ho in 24 the Fu	edical	(Check only one) 2 Medical Examiner: On the basis of examiner state	kamination and/or l	Investigation, in my o	ppinion, death or	curred at the time, o	late and place,	and dua to	the cause(s)	
1	To To To To To To To To To To To To To T	M	29b. Signature and title of certifier	MI	29c. Licans	sa number		29d. Date signer	d (Month, L	Day, Year)	
			799		1837	7670		1/30	2/9	6,	
			30. Name and address of person who complated cause of dea	th (Hem 23a) (Type	e, Print)	105	7 pure	Ble	11	- Rd #x	
	Sta	te	31. Date filed (Month, Day, Year) 32. Registres	s Signature	, ruy	GULL	sherry	T, M	V	4861	
	Registr		JUL31 1996 John Salva Salvas	rotate							

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						Cei	rtificat	e of	Death		1	Reg. No.			
			1. Decedent's Name (First, Middle, La	ist)							2. Data of Dec	ath		3. Time of De	ath
	Physic		George		Pu	rvey					July	22, 1996 6:25 P.M			М.
1	/Medi Examir		4a. Facility Nama (If not institution, gir	va street and num	ber)				4b. City, To	wn, or Lo	cation of Death		of Deeth		
4	LAGIIII		3621 Solomons	Island	Road				Hunt	ingto	own	Ca1	vert		
	Funeral				7. Aga (In yrs. las	t birthday)	If Undar		if Undar	24 Hrs.				iaca (Steta or Fo	oreign
т	Director		213-46-9482	1 M 2□ F	50	Yrs.	Months	Days	Hours	Min.	8. Date of Birt (Month, Da May 1	7, 1946	Coun	vland	
	ס		Usual Residence of Decedent											<i>J</i> =	
	how		10a. State 10b. County		10c. City, 1	Town or Lo	cation						1	0d. Inaide City L	imits
	Ma	tor	Maryland Calver	t		Н	untin	gto	wn					1 ☐ Yas 2 ☐	χNo
	r 28	Director	10e. Street and Number		1		10f. Zip					10g. Citizen of W	het Cour	itry?	
	h wit	aj D	3621 Solomons I	sland Ro	ad			206	39			USA			
	deat	Funeral	11. Maritai Status		dant Evar in U,S.	13. \	Wes Deced	dant of h	lispanic Ori	gin? (Spe	ecity Yes or No			an Indian,	
0	or he	T	1X Nevar Married 2 Merried	Armed For	2X No				en, Maxican	, Puarto	Hican, etc.)		k, White,		
02	Mrs a	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yaar or Da	tas:		1 ☐ Yes	2XJ No	Specify:			Specify:	Blac	k	
200	within 72 hours after death with the Maryland ene. than "natural", or items 23a or 28a-f show he Mexical Exemine must be notitled at	Completed	15. Decedent's E	ducation		16a. Deced	dent's Usua	al Occup	pation	and according		18b. Kind of Bu	siness/Inc	dustry	
21	thin 7	pie	(Specify only highest gr Elemantary/Secondary (0-12)	College (1-	4or 5+)	life. L	DO NOT us	se retire	during most d)	or work	ng				
21	gien Frith	0.0	11				Labor	er				Cons	truc	tion	
D	al Hy outh	Be (17. Father'a Neme (First, Middle, Last	•					18. Mothe	r'a Neme	(First, Middle,	Meiden Sumem	3)		
la	uld b Vent rked rice	To	Thomas	Pu	rvey				E1f	lza		Broo	ks		
a	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Mexical Examiner must be notified at once.		19e. Informent's Name/Relationship			19b. Mailir	ng Address	(Street	en <i>d Numbe</i>	r or Run	al Route Numbe	er, City or Town,	Steta, Zip	Code)	
Z.	alth alth		Madora Jones/Sis	ter		P.O.	Box	283	Hur	nting	gtown, 1	MD 20639			
ore	of He		20a. Mathod of Disposition	Jp. 14 0	com	e of Dispo	sition (Ner	ne of ther ple	ca)		Date	20c. Location -	City or To	wn, State	
Ĕ	Page nt: #		1 X Buriai 2 ☐ Crametion 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci		1616					em.	7/26/96	Hunting	town	. MD	
Baltimore, Maryland 21215-0020	mit.		21. Signature of Funarai Servica Lica	nsee					ass of Fecilit			neral Ho		,	
m	P S E S		Serve	6 1-		14	51 Da	res	Reach			e Freder		MD 206	78
			23a. Part 1 Enter the disease, or com	plications that ca	used the death.								TCR,	Approximate	70
	Physician		shock, or heart failure. List only	one causa on aa	ch line.									Interval Between Onset and Dear	
	/Medicai		tmmediate Cause (Final	100	NCER	, (F	1 6	20 4	(1)	X		- i 7	18mt	~ 4
	Examiner		disease or condition rasulting in deeth)	a. CA							,	_		100	
	5.1151	ē			Due to (or e	s e conseq	uenca of):						i		
	betu B ansit	Examiner		b	Due to for a		, , , , , , , , , , , , , , , , , , , ,						1		
ć	n and	Exa													
68760,	eath certificate be executed attending physician and for use as the buriel-transit	edicai										-			
9	ficat g phy as th	8	resulting in death) Last		Dua to (or as	a consaq	uarica oi).						-		
XO	ndin	2		d											
\mathbf{m}	thet the death ned by the atter detached for u	Physician	Pert II. Other eignificant conditions of	ontributing to don	th but not requite	no in the un	ndod ina e	ch	on in Dart I		225 Did 6	ohanaa uus san	delbude de	the series of d	la math 2
P.O.	the achie	hys	Total Other agrilloant conditions		itii bat not iesaitii	ng in the di	ilderlying c	ause yn	ven in rait i.			obacco use con Yee 2□ No		bably 4 Uni	
	es thet igned t be det	by P									10	700 ZLI 140	3/23-10	bably 4 011	KIIUWII
Records,	requires that been signed to should be deta										24e. Wes	an autopsy		ere eutopsy findi	ings
8	> ~ 0	lete									perfo	med?	COI	ailable prior to mpletion of caus	10
Re	hes b	Completed												death?	
ल	icate he										101	as 200No	1	Yes 25th	
Vita	ysicien: The lav s certificate hes director, page 2	Be	25. Was case referred to medical examinar?	Hospitel:				Ott	ier:		(Check only o				
ō	Physician: rthis certific rral director,	T0	1 Yes 25000	1 Lin		VOutpatien)A	4 LI NU	7	- 4	lence 8 Othe		y)	
5	After funer	ion	1 Natural 5 ☐ Pending		Dey Year)	Bb. Time of Injury		8c. Injui			280. Describe r	now injury occurre	30		
S	Attending or death. ector: After by the fune	cat	2 Accident investigatio	Α	-		М		Yes 2 □ I		not tourism (I Davida Musikas	
Division	after deatl Director:	Certification:	4 Homicide determined	28e. Place o	of injury - At homo g, etc. <i>(Specify)</i>	e, tarm, stra	aat, factory	, office			City or Tox	Street end Numbe m, Stete)	or Hura	ii Houte Number,	
	urs and illed		20-0-4		_										
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the fune.	edical	29e. Certifier 1 Certifying Pt (Check only one) 2 Medicat Exar	ntner: On the bas	is of examinetion	dge, deeth end/or inv	estigetion,	et the til , in my c	me, dete en opinion, deal	d piece, th occurr	and due to the o ed at the time,	cause(s) and mai date and plece, e	nner as st nd due to	ated. tha ceuse(s)	
	mple apple	Mec	29b. Signatura and title of certifier	end manne	er steted.		290	Licans	sa number			29d. Dete signed	(Month	Day Voor)	
	8 7 £ 7	0	Signature and this or contino		Q Q	a	5 6	0-		55		7 - 25			
					3	-		-			. 1	, - 2 -		· \co.	-
	5		30. Neme end address of person who	completed cause	of death (Item 2:	3a) (Type, I	Print)	1) . '	1	derick	145			
			21 Data filed (Month Day Year)	1, 1.1) .			1	rince	pro	gerick	MID			
	Sta		31. Dete filed (Month, Day, Year)	0C 32, Re	gistrar's Signetur	Rodal	l.								
	Registr	aı	JUL 25 19	30 /	- Williams		*								

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State of Maryland / Department of Health and Mental Hygiene

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						Cert	ificate of	Death			Reg. No.		
г			1. Decedent's Neme (First, Middle, La						2. Dete of Deeth Month Dey Xeer 3. Time of Deeth				
	Physic		WILDID HEI	RMAN PAR	RSONS		Hirr	ms		Month	14 97 218		2154
	/Medi Examir		4e. Fecility Neme (If not institution, give				100	4b. City, To	wn, or Lo	cation of Deet	h 4c. Coun	y of Deeth	101
			PENINSULA REGIO	NAL MEDICAL	CENTE	R		SA	LISE	URY	W	ICOMI	CO
-	Funeral		Social Security Number 6. 8		(In yrs. lest bir	thdey)	If Under 1 Year	If Under 2					
ш	Director		217-36-0933	15xM 2□F	58	Yrs.	Months Deys	Hours	Min.	8. Dete of Bir (Month, De 05/0	6/28	Sno	plece (Stete or Foreign intry) W Hill, Md
			Usuel Residence of Decedent									1	
	/lend		10e. Stete 10b. County	1	10c. City, Town	n or Loca	ation						10d. Inside City Limits
	Man,	to	Md. Wicon	nico	Sa	lis	bury				1 Yes 2 □ No		
	the 28a	Director	10e. Street end Number				10f. Zip Code				10g. Citizen of	What Cou	intry?
	With Man		904 Russell A	Venue				801			U.S.		,
	eath 23	Funeral	11. Meritel Stetus	12. Wes Decedent Ev	er in IIS	13 W			nin? (Sne	oifu Vas or No			ican Indlen,
	Her o	F	1 ☐ Never Merried 2 ☐ Married	Armed Forces? 1 ☐ Yes 2X No		lf.	es Decedent of H Yes, specify Cubi	en, Mexican	, Puerto	Rican, etc.)	Ble	ock, White,	
21215-0020	72 hours effer death with the Marylend natural', or items 23a or 28a-f show dical Examiner must be notified at	þ	3 ☐ Widowed 4 € Divorced	If Yes, Give Yeer or Detes:		1[☐Yes 2☐XNo	Specify:			Speci	fy: W	hite
ŏ	72 hours "natural", edical Ex	B	15. Decedent's E		16e.	Decede	nt's Usuel Occup	etion			16b. Kind of i	Business/In	ndustry
75	C	Completed	(Specify only highest gre	ede completed)		(Give ki	ind of work done O NOT use retired	during most	of worki	ng			,
212	d within jiene. r than "r	E	Elementery/Secondery (0-12)	College (1-4or 5+)		ont	ractor				self	-emp	loyed
	E T T T	O	17. Fether's Neme (First, Middle, Last)				18. Mothe	r's Name	(First, Middle	, Meiden Sume		
an	Mental Mental arked c	To Be	Herman Parson	2.5				Fa	nnv	o Po	rdue P	2250	ne
7	d 2 should be the end Mental F Is marked traumatic end	F	19e. Informant's Neme/Reletionship		19h	Meiling	Addrass (Street		-				
Maryland	d 2		Steven R. Par	31			6 Spea:						
e j	- T 5 5		20e. Method of Disposition				tion (Neme of atory or other plea			Date	20c. Location		
Baltimore,	00		1 ☐ Buriel 2 Cremetion 3 ☐	Premiovel from State				ce)	- ! _				
量	nit. Perenten ortant: Injury		4 Donetion 5 Other (Special		Sal		ury			/15	Salis	bury	,Md.
Ba	permit. Peg Depertment Important: if any injury o		21. Signeture of Funerel Servica Licar	0 m	A	22.	Name end Addre	iss of Fecility	У		P.O.	Box	87
	40100		Tatricia	- L-Ller	mes		Dennis	Fune	eral	Home	,Snow	Hill	,Md.21863
П			23a. Pert1. Entar the disease, or com shock, or heart feilure. List only	plications thet caused the one ceuse on each line.	ne deeth. Do r	not anter	the mode of dyir	ng, such es	cardiec o	r respiretory e	rrest,		Approximete Intervel Between
	Physician				/		_						Onset end Deeth
	/Medical Examiner		Immediete Cause (Final diseese or condition	Add	1	201	oses					1	
н	Examine	Examiner	resulting In deeth)	D	ue to (or as a	consequ	enca of					-	
-	P #			reu	al	Ya	eleer	0					
	icete be executed physician end s the buriel-transit		Sequentially list conditions, if any, leading to immediate										
80,	ertificete be execul Jing physician end se as the buriel-trar												
68760,	hysic the b	Medical	thet Initiated events resulting in deeth) Lest	190	e to (or as a o	onseque	ence of):						
9 x	thet the death certific ed by the attending p detached for use as	Me											
Bo	th ce tend or us											1	
0	death he atter	Physician	Pert II. Other significant conditions of	ontributing to death but	not resulting in	th und	lerlying cause giv	ven in Pert I.		23b. Did	tobacco use c	ontribute t	to the cause of death?
<u>P</u>	by the	Phy								10	Yes 2□ No	3 ☐ Pro	bably 4 Unknown
ŝ		by											
Record	requires										en eutopsy ormed?	91	Vere autopsy findings veileble prior to
သို့	as be	ple										of	ompletion of cause I daeth?
	0 - 0	Completed								10	Yes 20 No	1	☐ Yes 2☐ No
Vital	iclan: The certificate rector, pag	BeC	25. Wes case raferred to medical					26. Place	of Death	(Check only	one)		
>	ing Physician: h. After this certifications funeral director,	To B	exeminer?	Hospitel: Impatient	2 ER/Ou	toatient	3□ DOA Oth	or.			dence 6 🗆 O	her (Speci	ifv)
o	a Physical eral		27. Menner of Death	28e. Dete of Injury	28b. T	Time of	28c. Injur Wor				how injury occu		97
lon	th.: Afte	atio	Variaturel 5 ☐ Pending investigetion	(Month, Dey Y	rear) li	njury		rk? Yes 2 □ f	No				
Division	Attending or death. ector: After by the fune	fice	3 ☐ Suicide 6 ☐ Could not b		/ - At home, fe	rm, stree	et, factory, office		1			ber or Rur	ral Route Number,
á	or A after Direction by	Certification:	4 Homicide determined	building, etc.	(Specify)					City or To	wn, Stete)		
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer		29a. Certifier Certifying Ph	ysician: To the best of r	my knowledge	, death o	occurred at the tin	na, data and	d place. a	and dua to the	ceusa(s) and n	nanner as	stated.
	24 h 24 h Fui letel)	edical	(Check only 2 Medical Examone)	niner: On the basis of ex end menner stete	xeminetion en	d/or Inve	stigetion, in my o	pinion, deet	h occurre	ed et tha time,	dete end placa	, end due t	to the cause(s)
	o the o	Me	29b. Signature and tiple of certifier	1			29c. Licens	e number			29d. Date sign	ed (Month)	Day, Year)
	->-0		1 /11 -	lus			210	07			7/1	01	91
		10	30. Neme end eddress of person who	completed sauce of deep	th (Itam 22a)	Tuna P	J10	0/			1/1	[1]	
			Walton I caball	MD A7~	1 (nam 23a)	Sid !	DV A	ONG	Ro	Lisbu	Pu Mi	221	201
	Sta	to	31. Dete filed (Month, Day, Year)	32. Registrer's	s Signeture	للاال	(VI. 11	200	~	コンレル	7 1//		001
	Registr			96 Shind	Yaucher 1	Parda	14						
			0011016	-/									

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State of Maryland / Department of Health and Mental Hygiene 96 23809

					Cer	tificate of	Death		Reg. No.		
*	Physical Company	<u> </u>	1. Decedent's Name (First, Middle, L	est)	001/0			2. Date of De		Year	3. Tima of Death
4	Physic /Medi		MARY	ANE	RUTC	1		July	15 1	996	8:40 A
	Exami	ner	4a. Facility Name (If not institution, gi	Hills I was a series of the se			4b. City, Town, or L				
			Washington Count 5. Social Security Number 6.	-	rrs. last birthday)	If Under 1 Year		stown		shing	
	Funeral Director			1□M 2⊠F 6.		Months Days		8. Date of Bir (Month, Da Nov. 19	y, Year) ,1934	9. Binnp Coun Mar	lace (State or Foreign try) cyland
	rylan how		10a. State 10b. County	10c.	City, Town or Loc	ation				11	0d. Inside City Limits
	e Ma	cto	Maryland Washir	ngton	Hage	erstown					1⊠Yes 2□No
	23a or 21	Funeral Director	10e. Street and Number 51 E. Antietam St	reet		10f. Zip Code 21	.740			izan of What Country? USA	
020	72 hours effer death with the Maryland natural; or ferma 23a or 28a-f show pdical Examiner must be notified at	by Fune	11. Marital Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Ever In Armed Forces? 1 ☐ Yes 2 ☑ No It Yes, Give Year or Dates:		/as Decedent of Yas, specify Cub ☐ Yes 2 No	Hispanic Origin? (Spoan, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)	14. Rac Blac Specify	e - Americ ck, White, o	etc.
21215-0020	n 72 hours *natural*,	Completed	15. Decedent's E (Specify only highest gr	ducation	16a. Deced	ent's Usual Occu	pation	kina	16b. Kind of B	usinass/inc	dustry
12	- 1 30	nple	Elementary/Secondary (0-12)	College (1-4or 5+)			during most of worked)	n'iy	,		
	led w hygier her th	S	9	0	noi	memaker	10.11.0	4500 A 450-144	her		
Maryland	permit. Peges 1 and 2 should be filed withir Department of Health and Mentel Hygiene. Important: if fem 27 is marked other than may follury or other traumatic event, fra Me DDEs.	To Be	17. Father's Name (First, Middla, Last Maynard Joseph Ke	plinger				igene My	rers		
Mar	12 sh h and is m		19a intormant's Name/Relationship Charles R. Royce,				n and Number or Ru n Blvd., F				
	Healt Healt om 2		20e. Method of Disposition		b. Place of Dispos	ition (Nama of		Date	20c. Location		
Baltimore,	Peges ment of hant: If ite		1 ☑ Burial 2 ☐ Cremation 3 [4 ☐ Donation 5 ☐ Other (Speci	Removal from State	cametery, crem	atory or other pla	ial Park				
Bal	permit. Pe Departmen important: any injury pace.		21. Signature of Funeral Service Lice	mae ·	1 22. MJ	Name and Addr NNICH F	ess of Facility UNERAL HO	ME			
	PDZed		COUL	11 Menu	41	5 E.Wil	son_Blvd.	,Hagers		1. 21	740
			23a. Part1. Enter the diseese, or con shock, or heart tailure. List only	nplications that caused the d yone cause on each line.	aath. Do not ente	r the mode of dy	ing, such as cardlac	or respiratory a	rrest,	1	Approximate Interval Between Onset and Death
ù	Physician /Medicai		Immediate Cause (Final	M	0	1 . 1	1. 0	0.1	A.	1	1 O
	Examiner		disease or condition resulting in death)	· Massiv			estinal	Blee	d		19 Non
	THE REAL PROPERTY.	je.		Cancel	o (or as a consequ	1 1 .	· Lalla	1	10.0.		2 mart
	artificete be executed ing physician and e es the bunel-transit	Examiner	Sequentially list conditions,		o (or as e consequ		_ IO HU	_ GMC	denu	m	a monin
0,	e exe		Sequentially list conditions, if any, leading to immadiate cause. Entar Undarlying Causa (Disease or injury	· Breast	Can	NOOH					8 month
68760,	ohysic the t	edical	that initiated avents resulting in death) Last		(or as a consequ	ence of):					
× 6	ding g	2		d						i	
Box	attend	clan									
o.	that the death cer ed by the attendin detached for use	Physician/	Part II. Other significant conditions	contributing to death but not	rasulting In the un	derlying cause g	iven in Part I.				the cause of death?
Ω.	that ned b deta	by Pł						10	Yes 2□No	3 Prot	bably 4 Nnknow
of Vital Records,	lew requires that the death certificete be execut es been signed by the attending physician and 2 should be detached for use as the buriet-tran	Completed b						24a. Was	an autopsy ormed?	cos	ere autopsy findings allable prior to mpletion of cause
Re	lcten: The lew certificate hes rector, page 2	Dmc						10	Yes 2 No		death? □Yes 2□ No
ta	iffication, pa		25. Was case reterred to medical				26. Place of Dea		^	1	J fes 2LI No
>	Physician: r this certific rel director,	To Be	examiner? 1 Yes 2 No	Hospital:	2 ☐ ER/Outpatient	3□ DOA O			denca 8 □Oth	ar (Specifi	v)
0			27. Manner of Death	28a. Date of Injury (Month, Day Year	28b. Time of	28c. Inju			how Injury occur		
io	Attending I or death. actor: After by the funer	atlo	1 Natural 5 Pending 2 Accident Invastigation	on	, anjury		Yas 2□No				
Division	al or Atte s efter de il Directo ed in by th	Certification:	3 Sulcide 6 Could not to detarmined	28e. Placa of Injury - A building, etc. (Spe	t home, farm, stre	at, factory, office		28t. Location (City or To	Street and Numb wn, State)	per or Rura	l Route Number,
	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral	edical (29a. Certifier (Check only one) to Certifying Pl	hysician: To the best of my liminer: On the basis of axam and manner stated.	knowledge, death Ination and/or Inv	occurred at the testigation, in my	ima, data and place, opinion, death occur	, and due to tha rred at the time,	causa(s) and madate and place,	anner as st and dua to	ated. the causa(s)
	Vithin To th	Me	29b. Signature and title of certifier			29c. Licen	se number		29d. Date signe	d (Month,	Day, Year)
			Hidtle	undan,	M.D.	DL	16473	<u> </u>	July	, 18	5,1996
			30. Name and address of person who Hind Hound of 31. Date tiled (Month, Day, Year)		63 S.	Clevelo	and Av	; Ha	genston	wn,	MD 21747
	Sta Regista			1996 Heli A		Litt					
L.			205 2 (, was grant							

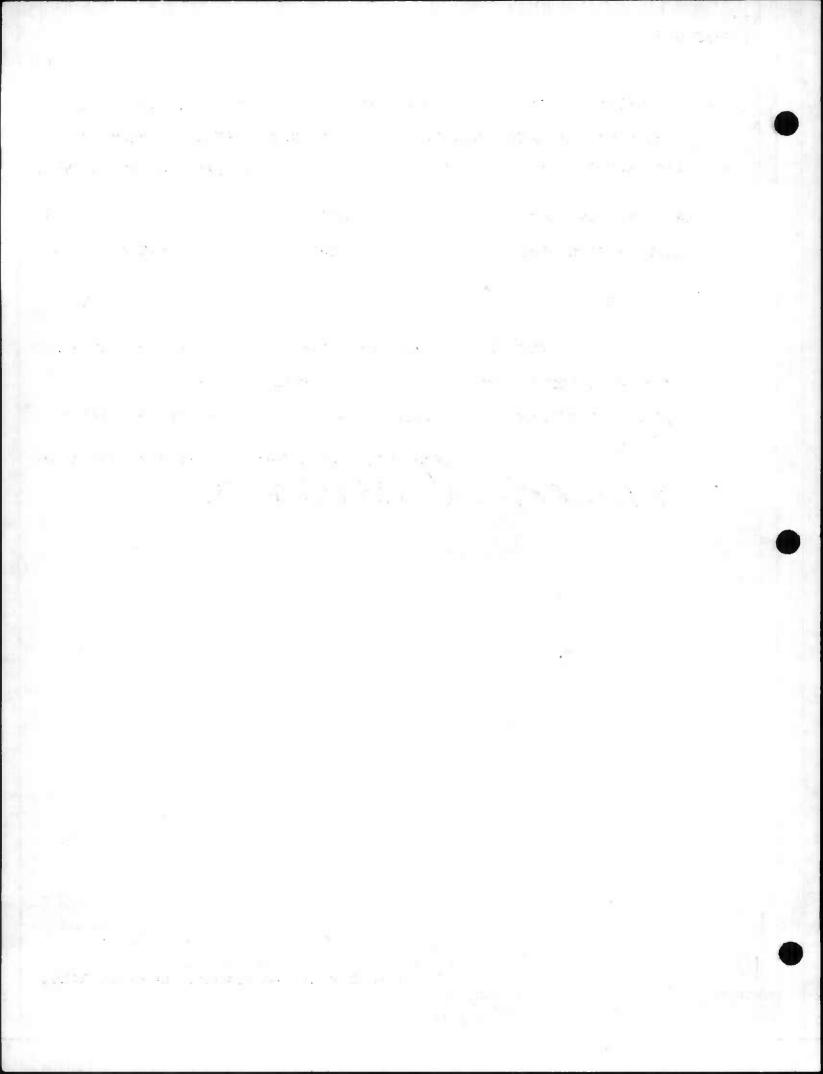
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

				Certifica	ale O	Dealli			Reg. No.		
Physician /Medical		/M/N	SCH	IICKLI	NG		J		15, Dey 199	9 geer	3. Time of Deeth 3:40 PM
Examiner	4e. Fecility Neme (If not Institution, g	,	OSPITA	\L		4b. City, To		EDER	ICK C	y of Deeth	ERT
Funeral Director	169-36-7126	Sex 7. Age	(In yrs. last bi	Yrs. If Un Month	der 1 Yea is Dey:		24 Hrs. 8. Min. 01	Date of Bird	, 1945	9. Birthp	place (State or Foreign
3	Usual Residence of Decedent 10e. Stete 10b. County		10c. City, Tow	m or Location						1	Od. Inside City Limits
natural, or items 23a or 28a-1 show	MARYLAND CALV					SBY					1 ☐ Yes 2 No
Dire	10e. Street end Number 234-B ELKINS	LANIE		10f.	Zip Code	20657			10g. Citizen of 1	Whet Cour	ntry?
e 23				145 111 5							
by Funeral	11. Merital Status 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Was Decedent E- Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:				Hispenic Orloben, Mexican Specify:		ny Yes or No can, etc.)	Bla Specif	ce - Americ ck, White, ^{y:} WH]	etc.
B B	15. Decedent's I	1	16e	Decedent's U	suel Occi	upation			16b, Kind of B		
vent, tre Medical	(Specify only highest g	rede completed) 4YEARS		Decedent's U (Give kind of life. DO NOT PROJEC'							CONSTR.CO
Se Se	17. Fether's Name (First, Middle, Las JOSEPH H. SC				Ī		er's Neme <i>(F</i> ELYN		Maiden Sumer RSON	ne)	
traum	19e. Informent's Name/Reletionship JOSEPH SCHIC								er, City or Town, VIRGI		
y or other	20e. Method of Disposition		cemete	f Disposition (f	r other pi		1	Dete	20c. Location		own, Stete
any Injury or other to	4 Donetion 5 Other (Spec		METRO	22. Neme RAYM	end Add	ress of Fecilit FUNER	RAL H			EXANI	DRIA, VA.
use as the burial-transit and and and and and and and and and and	diseese or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet initieted events resulting in deeth) Lest	bD	ue to (or es e	consequence o	f):	scierc	otic	card	iovasc	ular	Disease
signed by the attent to the detached for u	Pert II. Other significant conditions	contributing to death but	not resulting la	n the underlying	cause o	iven in Part I		23b. Did t	lobacco usa co	ntribute to	the cause of death?
Phys	1								Yes 2□ No		bably 4 Unknow
should be de	Chronic Obstr	Lin Poli		D					en eutopsy med?	876	ere autopsy findings eileble prior to
N D	C1110111 (1)21/1	201100 1 410	Romany	Disease	e_						mpletion of cause deeth?
director, page	Chronic alcoh	o lism	V					1 🗆 Y	res alino	10	Yes 20 No
Be	25. Wes case referred to medical exeminer?	Hospitel:					of Deeth (C	Check only o	ne)		
rai director, page: To Be Co	1X Yes 2 No 27. Menner of Deeth	1 LI Inpatient			DOA				dence 6 Oth		y)
ed in by the funera Certification:	1 Neturel 5 Pending 2 Accident Investigetic 3 Suicide 6 Could not		Year) 260.	Time of njury M	28c. Inji Wi 1 [ork?	No		now injury occur		
led in by	4 Homicide determined		y - At h <i>o</i> me, fa (<i>Specify</i>)	rm, street, fect	ory, office		281.	Location (S City or Tow	otreet end Numb vn, Stete)	oer or Rura	il Route Number,
Completely filled in by the funeral Medical Certification:	29a. Certifier (Check only one) 1 ☐ Certifying P	hysician: To the best of miner: On the basis of e end menner stets	xeminetion en	, death occurre d/or investigetion	d et the i	ime, dete en opinion, deel	d plece, end th occurred	due to the o	cause(s) end me date end plece,	enner es st end due to	teted. the ceuse(s)
We	29b. Signeture end title of certifier	I Cherto as		2	9c. Licer	O.C.N	M.E.		29d. Dete signe		
U	30. Name and eddress of person who	completed cause of dea			Sti	reet,	Balt	imore	e, Mary	ylan	d 21201
State Registrar	31. Dete filed (Month, Day, Year) JUL 1 9 1	32 Begistrer	s Signature	ardall							



96-3978-009 ITEMS: 23 PART I, 27, PER Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene MEO FILM G-738 8/15/96 t.t Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Daath **Physician** JULY RAHEEM D. STEPNEY 1996 8:50 AM /Medical 4a. Facility Nama (If not Institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Daath Examiner calvert memorial hospital CALVERT Prince Frederick Data of Birth (Month, Day, Yea May 23, 5. Social Sacurity Number 6. Sax 1X M 2□ F if Under 1 Year If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Birthpiaca (Stata or Foreign Country) **Funerai** Months Days 24 Hours None Yes Director 1996 Maryland Usual Rasidance of Dacadant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits the Medical Examiner must be notified at Director Maryland Calvert Prince Frederick 1 Yas 2 XNo 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? ò 330 Rivers Reach Court #312 20678 USA items 23a death Funeral 12. Was Dacedant Ever in U,S. Armed Forcas? Was Dacadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - Amarican Indian, Pages 1 and 2 should be filed within 72 hours after or or or of Health by ginen. It it em 27 is marked other than "natural", or ites irry or other traumatic event, tre Maginal Example. Biack, Whita, atc. 1 □ Yas 2 📉 No if Yes, Giva Yaar or Dates: 1 Never Marriad 2 ☐ Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 🗓 No Specify: Specify: Black þ 3 ☐ Widowad 4 ☐ Divorced Completed 15. Decadant's Education (Spacify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 0 N/A N/A 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Be Billy Stepney 10 Lornette Hawkins 19a. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Lornette Hawkins/Mother 330 Rivers Reach Court #312 Prince Frederick, MD 20a. Mathod of Disposition 20b. Piaca of Disposition (Nama of cematary, crematory or othar place) 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State permit. Page Department of Important: If any Injury or 7/22/96 Holland Cemetery Huntingtown, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Address of Facility Sewell Funeral Home 21. Signature of Funeral Service Licenses rell 1451 Dares Beach Rd. Prince Frederick, MD 20678 12. encer 23a. Part1. Inter the disease, or compileations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Batwean Onset and Death **Physician** /Medical Immedieta Causa (Final SUDDEN INF'ANT DEATH SYNDROME (SIDS) disaasa or condition rasulting in daath) Examine Due to (or es a consequança of) Examiner The law requires that the death certificete be executed bunial-transi Sequantially list conditions, if any, laading to immediata causa. Entar Underlying Ceusa (Disaasa or Injury that initiated evants resulting in daath) Last and Dua to (or as a consequence of) Box 68760, physician s the buna Physician/Medical Dua to (or as a consequence of) 9 950 Jo signed by the et P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, Completed by 24b. Were autopsy findings availabla prior to completion of causa of death? should 24a. Was an autopsy performed? peeu hes pege 2 certificate 1 Yas 2 No 1 ☐ Yas 2 ☐ No of Vital Hospital or Attending Physician: 1 24 hours after death. Funeral Director; After this certifica 25. Wes casa referred to medical examinar? Be 26. Placa of Death (Check only one) Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) Certification: To 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Menner of Death 28d. Describe how injury occurred 28a. Deta of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? Division 1 K Netural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident filled in by the 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 4 Homicida 24 hours a 1 Cartifying Physician: To tha best of my knowladga, deeth occurred at tha time, data and place, and due to tha causa(s) and mannar as steted.

Ximedical Examinar: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the time, date and placa, and dua to the cause(s) and mannar stated. cai 29a. Cartifier (Check only one) Medi To the Within 2 To the 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year)

State Registrar

31. Data filad (Month, Day, Year) JUL

2 3 1996

Jan 1d

Fow Gr 111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signatura Tulk Davidson Rardall

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

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JULY 18,1996

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State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate o	f Death		F	Reg. No.		
	Physici /Medi		Decedent's Name (First, Middle, Last EDWARD CLI) NTON		SI	URGILL			Date of Dea Month	Day	Year	3. Time of Death
	Examir		4a. Facility Nama (If not institution, giva CALVERT MEMORIAL							ition of Death DERICK			
	Funeral Director		5. Social Sacurity Number 6. Se 223-12-6505	x ByM 2□F	7. Age (In yrs. ie 76	st birthday) Yrs.	If Undar 1 Yes		Min.	Data of Birtl (Month, Day IARCH	7,1920	9. Birthp Coun VI	lace (Steta or Foraign try) RGINIA
	ith the Maryland or 28a-f show	ctor	10e. Stata 10b. County	VERT	10c. City,	Town or Lo		NTINGI	OWN			1	0d. Inside City Limits 1 No 2 No
	or 28	Director	10e. Street and Number 3151 SOPERS ROA	D			10f. Zip Code	0639			10g. Citizen of V		itry?
	eath w	Funeral			dent Ever in II C	12 V			in? (Speci	hi Vae or No		S . A . e - Amaric	on Indian
21215-0020	72 hours after death with the Maryland natural', or flerna 23a or 28a-f show scal Examinet must be notified at	by	1 □ Navar Marriad 2 □ Marriad 3 □ Widowed 4 ☒ Divorced	Armed For 1 Nes it Yes, Give Yaar or Da	dant Evar in U,S ces? 2 □ No e tes: WWII	4	Vas Decedent of Yes, specify Cu		Puarto Ri	can, etc.)	Specify	k, White,	
15-0	n 72 hours "netural",	etec	15. Decedent's Edu (Specify only highest grad	cation e completed)		18a. Deced	ent's Usuai Occ kind of work don OO NOT use reti	upation e during most	of working		18b. Kind of Bu	usiness/Ind	dustry
212	within liene.	Completed	Elemantery/Secondary (0-12)	College (1-	-4or 5+)		ALESMA				BUSINES	SS M	ACHINE CO
pu	Pages 1 and 2 should be filed within 72 hours after death with the Maryla rent of Heath and Mental Hygiene. Intit filem 27 is marked other than "natural", or Nama 23a or 28a-1 shourly or other traumatic event, the Mod cal Examinar must be notified at	BeC	17. Father's Name (First, Middle, Last)					18. Mother	r's Name (I	First, Middle,	Meiden Sumen	na)	
yla		To	CHARLES C. ST		L			MA	GGIE	HALL			
Maryland			19e. Informant's Name/Reletionship (T) STEPHEN J. STU				_				r, City or Town,		
altimore,			20a. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or cametery, cremetory or other place)										wn, State
tim	Pa In It.		4 Donation 5 Other (Specify)		MD.V		ANS CE			15-960	CHELTE	MAH	,MARYLANI
Ba	permit. Pa Departmer Important: any injury once.		21. Signature of Funeral Service Licens		0	(/ R.	Name and Add	FUNE	RAL F		1		
			23a. Part1. Enter the disease, or compleshock, or heart failure. List only or	ications the	iused the daath.		UNKIRK or the mode of d					1	Approximate
	Physician /Medical Examiner		Immediate Cours /Fine!		Due to be							1	Interval Between Onset and Death
	be tis	A cute Myocardial infation											
-6	al-tran	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying cause (Disease or Injury c.								I			
68760,	sta be o	Cause (Disease or Injury that initiated avants rasulting In death) Last Dua to (or as a consequence of):											
39 xc	certificata be executed ding physician and se as the burial-transit	d											
. Bo	death e atten	iciar	Part II. Other significant conditions cor	atributing to dea	ath but not rasult	ting in the un	deriving cause	niven in Part I		23h. Did t	obacco usa co	ntributa to	the cause of death?
s, P.O	requiras that the de been signed by the a hould be detached	by Physician			an but not radyn	mig in the un	deriying cause :	given in t ait i.			fes 2□No	3 Prot	
Records,	as the	Completed									an autopsy mad?	ava cos	ere autopsy findings allable prior to mpietion of causa death?
	The ate h page		41		_					1 🗆 Y	as 2 Line	10	Yes 2□ No
Vital	Physician: The this certificate and director, page	o Be	25. Was case reterred to medical axaminer? 1 Yes 2 No	lospital:		/	-5.00	ther:		Check only o			
of		i Hij	27. Menner of Death	28a. Dete of	t Injury 2	R/Outpatient 28b. Time of	3□ DOA 28c. In	4 LI NUI			ence 8 Oth		/)
sion	utending I death. ctor: After y the funer	atio	1 Natural 5 Pending investigation	(Month	n, Dey Year)	Injury		Yes 2 N	ło				
Division	or Attendent after deat Director: d in by the	Certification:	3 Suicida 8 Could not be determined	28e. Place of building	of Injury - At hom g, etc. (Specify)	ne, tarm, stre	et, factory, offic	9	28	f. Location (S City or Tow		er or Rure	l Route Number,
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completally filled in by the fune	edicai C	29a. Certifier (Check only one) 1 Cartifying Physical Examination (Check only one)	alcian: To the b nar: On the bas and manne	sis ot examinetic	edge, deeth on and/or inv	occurred at the estigation, in my	time, dete end opinion, deatl	I plece, and h occurred	d due to the d et the time, d	ceuse(s) and ma date and place,	nner as st and due to	ated. the cause(s)
	To the within 2 To the comple	W	29b. Signature and title of certifier	LL	~5		29c. Lice	nse number			29d. Date signe	d (Month,	Dey, Year)
	8		30. Neme and address of person who co					() ()	1.		11000	0	ns 20678 Lerick
	CAS	•	31. Date tiled (Month Par Year)		gistrar's Signatu		Men	10356/	Ho	estital	· Krin	e tic	dends
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ORDS, P.O. BOX 68760,	o that the death partificate he executed within

DIVISION OF VITAL REC

sician.	ial-transit permit. Pages 1, 2, 3 should			
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 3 should		e notified at once.	
within fours after death. Page 6 may	pietely filled in by the funeral director, pag	premation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
that the death certificate be executed w	ned by the attending physician and comp	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	any injury, or other traumatic eve	
TENDING PHYSICIAN: The law requires	TOR: After this certificate has been signi	after death with the State Dept. of Healt	28 is marked, or item 23 shows	
TO THE HOSPITAL OR AT	TO THE FUNERAL DIREC	be filed within 72 hours ;	IMPORTANT: If Item 28 is marked	

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTA	L HYGIEI					
	1. DECEDENT'S NAME (First, Middle, Last)						OF OEATH			3. TIME OF DEATH		
	WILMA PAR	RKINSON	STEPHE	ENS		0.8	05/	1996	YEAR	12:20AM M		
l	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign		
	216-56-0223	1 🗆 M 2 🗷 F	46 YRS. MO	NTHS DAYS	HOURS MIN.		n, Day, Year) 08/19	350	M A D	, YLAND		
	9a. FACILITY NAME (If not institution, give s	street end number)	96	L CITY, TOWN (R LOCATION OF D		00/10	_	NTY OF D			
DIRECTOR	11302 OLD PRIN	CESS ANNE RO	DAD	PRINCE	SS ANNE			SC	MERS	SET		
₩	10a. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCAT	ION	_				10d. INSIDE CITY LIMITS?		
ੂ	MARYLAND SOME	RSET	PR	INCESS	ANNE					1 YES 2 NO		
A	10e. STREET AND NUMBER				ZIP CODE			10g. CITI	ZEN OF V	HAT COUNTRY?		
FUNERAL	11302 OLD PRINCES	SS ANNE ROAF		_	21853				- 11	S.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVEL			ENDENT OF HISPA			a or No-		- American Indian, , White, atc.		
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY											
									TE			
밀												
E	Elamentary/Secondary (0-12) College (1-4 or 5+) 8 WAITRESS RESTAURANT											
COMPL												
႘	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA			Surname)					
H N	ELMER PARKINSON			GLADY								
0	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural							
-	SUE WHITELOCK		11302 0	LD PRI	NCESS AN	NE R	OAD, F	PR. AN	WE,	MD. 21853		
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	Burlai 2 Cremetion 3 Removal from State								- 4 - 5/1-		
	4 Donation 5 Onther (Specify) BEECHWOOD CEMETERY 8/8 PRINCESS ANNE. MD									IE, MD.		
- 1	1. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME 21853											
	HINMAN FUNERAL HOME 11673 SOMERSET AVE., PRINCESS AND											
	23. PART I. Enter the diseesea, or o	complications that caus	ed the death. Do not	enter the mo	de of dying, suc	h aa can	diac or rear	Hratory arr	eat.	Approximate		
	anock, or heart failure.	List only one cause on	each line,				,			interval Batween		
H	IMMEDIATE CAUSE (Fine) disease or condition Pauling in death) BRAIA CARCER - GLIORIA STOALA											
1	resulting in death) a. BRAIN CANCER - GLIOBLASTOMA 3 MONTH DUE TO (OR AS A CONSEQUENCE OF):											
2		h.								İ		
2	Sequentielly liet conditiona, if any, leading to immediate	DUE TO (OR A	A CONSEQUENCE OF):									
HILLCALION	cause. Enter UNDERLYING	C.										
=	CAUSE (Diseese or Injury thet initiated eventa	DUE TO (OR A	S A CONSEQUENCE OF):									
E	reaulting in deeth) LAST	d										
3	PART II. Other algnificent condition	a contributing to death	but not regulation to the	ha madaalidaa		D. d.I.			1			
A I	Train in date agrinoute dollarion	Contributing to death	but not resulting in t	ne undenying	ceuse given in	Part I.	24a. WAS AF PERFO		246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC							1 TYES	2 NO		OF DEATH?		
						_				1 TES 2 NO		
Ž	DID TOBACCO USE CONTI	RIBUTE TO CAUSE			UNCERTAI	И						
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (THER:								
2	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/O	utpatient 3 DOA 4	Nursing Hom	Rasidenca	_						
-	Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME OF INJURY	WO	RK?	28d. DES	CRIBE HOW	INJURY OCC	CURED			
à	2 Accident Investigation				ES 2 NO							
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJU building, etc. (S	t, fectory, office	1	281. LOC C/ty	ATION (Street or Town, State	and Number	or Rural A	oute Number,			
		CIAN: To the best of my kn										
3	one) MEDICAL EXAMINE	R: On the beale of examine	tion and/or investigation, in	n my oplnion, d	ath occured at the	1lme, data	and place, a	nd due to th	e ceuse(a)	and manner se stated.		
- 11	29b. SIGNATURE AND TITLE OF CERTIFIES	0			29c. LICENSE NUI	WBER		29d. DATI	SIGNED	(Month, Day, Year)		
	fould P.	M			D365	74		▶ 8	3/5	186		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Prin	10)		, .0		L	1-/	90		
ł	ROWALD F	TRAU		56	0 0.	10 A =	isle	Do S	SALI	SROPYAIX		
	31. DATE FILED (Month, Day, Year)	32. PEGIST SES A		, 00		wed	rore	UN C	المحكاءات	- Contract		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

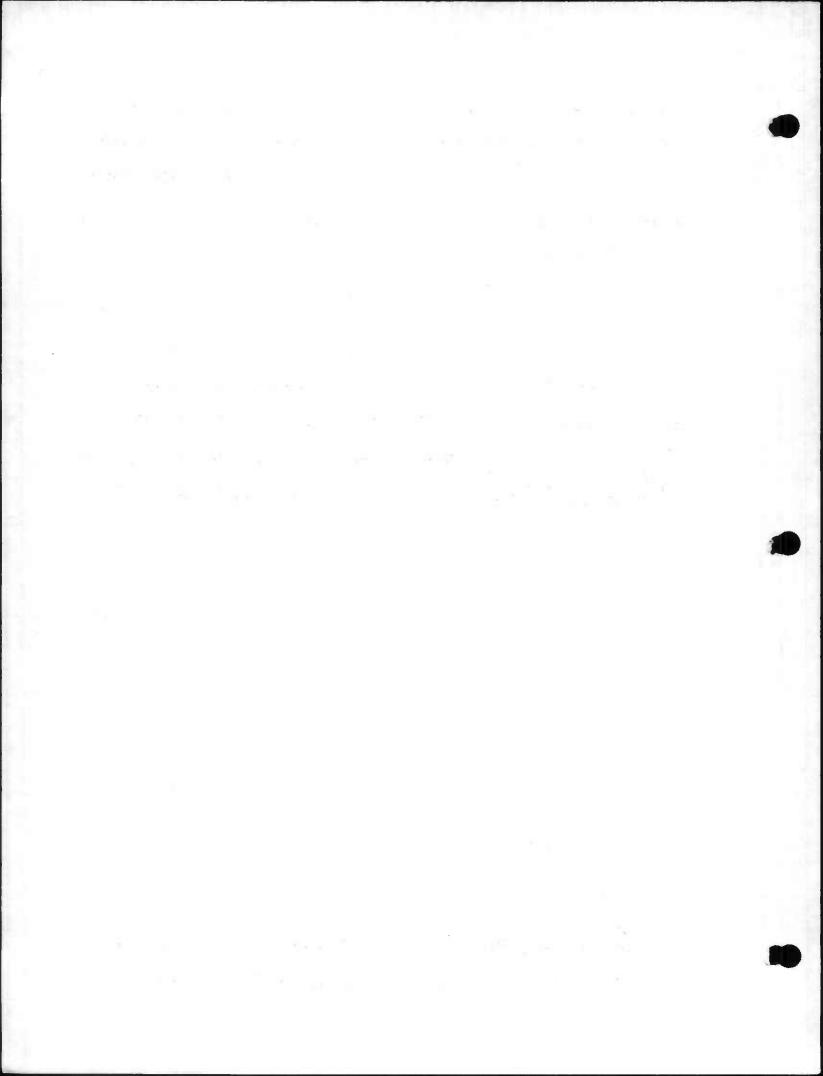
	REGISTRAR		ERTIFICATE	JE DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) SAMUE L	SHRE	EVES	:	DATE OF DEATH DA	1996	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. I	lest birthday) IF UNDER 1 Y	EAR IF UNDER 24 HRS. 7	7. DATE OF BIRTH (Morith, Day, Year)	0.000	ATHPLACE (State or Foreign Intry)			
3 should	9a. FACILITY NAME (If not institution, give st	TO Us	11.00	WN OR LOCATION OF DEAT		9c. COUNTY OF				
7. 2.	MCREAUX H	ospital	Cri	ofield			MERSET			
oft. Pages		MERSET	MAR				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	P.O. Box 2	63		2183		L	· S			
BY B	11. MARITAL STATUS 1 Never Married 2 Narried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	QNO If yo	DECENDENT OF HISPANIC s, specify Cuben, Mexican, YES 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	BI	ACE — American Indian, ack, White, atc.			
or use as	15. DECEDENT'S EDUC (Specify only highest grade	completed)	DECEDENT'S USUAL OCCU (Give kind of work done during the Do NOT use retired.)	PATION og most of working	16b. KIND OF BUS	INESS/INDUSTRY				
2 2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Labor			k P	river.			
2 % W	SAMUEL Shr	ccycs		EVELIO	a Coll					
5 sho	GEORGIA SHREE	VES	96. MAILINO ADDRESS (ST	MArian		_				
st pe	20a. METHOD OF DISPOSITION 1 M-Burial 2 Cremation 3 Ramo	20b. PLACI	EAND DATE OF DISPOSITIO	N (Name of	DATE 20c. LOC	21838 ATION - City or	Town, Stata			
director, p	4 Donation 5 Other (Specify)	Done	rematory or other place)	Cemetery	7/30/96 W	estover	, MD			
the funeral director, wal. al examiner must	Anthor E. C	lare	319	Cemelely E AND ADDRESS OFFACIL COVE ST. Cri. Without u	Still MI	1. 21817 mared	1 Home			
or remover	23. PART I. Enter the diseases, or c ahock, or heart fellure. I	omplications that ceused tha c	leath. Do not enter the	mode of dying, such a	a cardisc or reapir	atory arrest,	Approximata Interval Between			
filled fion, or the m	IMMEDIATE CAUSE (Final			1-255	0000	2100	Onset and Death			
crema event,	reaulting in death)	DUE TO (OR AS A CONS		TEAD OF	PAICE	CETS	MONTH			
8	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
prior to	If any, laeding to immediate cause. Enter UNDERLYING									
attending physician and intelligenee prior to bur y, or other traumatic CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
signed by the afti- fealth and Menta ws any injury, EDICAL CE	PART II. Other significant conditions CONGESTIV	contributing to deeth but not	resulting in the under	lying cause given in Pa	rt I. 24s. WAS AN A PERFORE		46. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
Health a		- 111111		100	_ 1 TYES 2	¥ NO	OF DEATH?			
S 200	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF DE		UNCERTAIN	_ /		1 YES 2 NO			
S 200	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PL/	ATH YES NO	one)						
certificate has been the State Dept. of the State Dept. of the YSICIAN: M	DID TOBACCO USE CONTR	26. PL/ HOSPITAL: 1 Sometime 2 ER/Outpetlant 28a. DATE OF INJURY	ATH YES NO NOTE OF DEATH (Check only 3 DOA 4 Nursing 29b. TIME OF 26c	Home 5 Rasidenca 6 C		JURY OCCURED				
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TOP: After this certificate has been after death with the State Dept, of 128 is marked, or Item 23 shortED BY PHYSICIAN: M	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	26. PL/ HOSPITAL: 1 Sometime 2 ER/Outpetlant 28a. DATE OF INJURY	ATH YES NO ACE OF DEATH (Check only 3 DOA 4 Nursing 28b. TIME OF INJURY M 1	Home 5 Residence 6 INJURY AT WORK? YES 2 NO	Other (Specify)		1 YES 2 NO			
L DIRECTOR: After this certificate has been 2 hours after death with he State Dept. of 1 item 28 is marked, or item 23 should like TED BY PHYSICIAN: M	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	26. PLJ HOSPITAL: 1 1 Inpettent 2 ER/Outpettent 28e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY — At he building, etc. (Specify) IAN: To the best of my knowledge, of	ATH YES NO NCE OF DEATH (Check only 3 DOA 4 Nursing 26b. TIME OF INJURY M 1 some, farm, street, factory, leath occurred at the time,	Home 5 Residence 6 NUURY AT WORK? 2 NO Office 24	Other (Specify) Bd. DESCRIBE HOW IN Bl. LOCATION (Street ar. City or Town, State) the cause(a) and mann	d Number or Rura	1 YES 2 NO			
L DIRECTOR: After this certificate has been 2 hours after death with he State Dept. of 1 item 28 is marked, or item 23 should like TED BY PHYSICIAN: M	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	26. PLJ HOSPITAL: 1 of inpetient 2 eR/Outpetient 28e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY — At houlding, etc. (Specify)	ATH YES NO NCE OF DEATH (Check only 3 DOA 4 Nursing 26b. TIME OF INJURY M 1 some, farm, street, factory, leath occurred at the time,	Home 5 Residence 6 NUURY AT WORK? 2 NO Office 24	Other (Specify) Bd. DESCRIBE HOW IN Bf. LOCATION (Street ar City or Town, State) the cause(a) and manner, data and place, and	od Number or Rura eer as stated. due to the cause	1 YES 2 NO			
THE FUNERAL DIRECTOR: After this certificate has been flied within 72 hours after death with NE State Dept. of i IPORTANT: If item 28 is marked, or item 23 should BE COMPLETED BY PHYSICIAN: M	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	26. PL HOSPITAL: 1 Inpetient 2 EN/Outpatient 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY — At houlding, etc. (Specify) SIAN: To the best of my knowledge, discontinuous discontinuou	ATH YES NO NOTE OF DEATH (Check only 3 DOA 4 Nursing 29b. TIME OF INJURY M 1 nome, farm, street, factory, leath occurred at the time, r investigation, in my opinion	Home 5 Residence 6 NJURY AT WORK? YES 2 NO office 20 dete and piece, and due to on, death occured at the time	Other (Specify) Bd. DESCRIBE HOW IN Bl. LOCATION (Street ar City or Town, State) the cause(a) and manner, data and place, and	of Number or Rura eer as stated. due to the cause 29d. DATE SIGNI	1 YES 2 NO			
FUNEAL DIRECTOR: After this certificate has been within 72 hours after death with the State Dept. of 1 IANT: If Item 28 is marked, or Item 23 shown COMPLETED BY PHYSICIAN: M	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	26. PLJ HOSPITAL: 1 1 Propertient 2 PER/Outpatient 28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY — At he building, etc. (Specify) SIAN: To the best of my knowledge, of the basis of examination and/or the basis of examination and the basis of examination and the basis	ATH YES NO NOTE OF DEATH (Check only 3 DOA 4 Nursing 26b. TIME OF INJURY M 1 some, farm, street, factory, r Investigation, in my opinic	Home 5 Residence 6 NJURY AT WORK? YES 2 NO office 21 dete and place, and due to on, death occured at the time 29c. LICENSE NUMBE	Other (Specify) Bd. DESCRIBE HOW IN Bf. LOCATION (Street ar City or Town, State) the cause(a) and manner, data and place, and	od Number or Rura	I Poute Number, I Route Number, I (a) and menner as stated. ED (Month, Day, Year) 7 / 25/96			

" the said on the

State of Maryland / Department of Health and Mental Hygiene

				State of Ivial	iylallu / L	Certifica				Reg. No.	36	23815		
	6 1 313		1. Decedent's Neme (First, Middle, Last,	1					2. Dete of De Month		Yeer	3. Time of Death		
No.	Physici /Medi		Thelma Marie	Snyder	r				July		996	10:15AM		
	Examir		4e. Fecility Neme (If not Institution, give	street end number)				4b. City, Town, or L		,				
			Northampton Manor	Nursing H	lome			Freder	ick	Fr	ederi			
	Funeral Director		217-30-6359	7. Age ((In yrs. lest bir 83	Yrs. If Und Months	ler 1 Yeer s Deys	Hours Min.	8. Dete of Bir (Month, De May 3	y, Year) , 1913	9. Birthp Coun Mai	olece (Stete or Foreign http:) cyland		
	and and		Usual Residence of Decedent 10a. Stete 10b. County	1	10c. City, Tow	n or Location				10d. Inside City Limits				
	Many	or	Maryland Freder	ick		ķ	(noxv	ille				1 X Yes 2 □ No		
	1 the	Director	10e. Street and Number				ip Code			10g. Citizen of V	/het Cour	itry?		
	h with	al D	819 Tritapoe Dr				2	1758		U.S	.A.			
20	of 2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. 7 is marked other than "natural", or frame 23s or 28s-f show traumatic avent, the Medical Examiner must be not filed at	by Funeral	11. Merital Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Was Decedent Ev Armed Forces? 1 ☐ Yes 2 🖾 No if Yes, Give			edent of the ecify Cub	dispenic Origin? (Si en, Mexican, Puerti Specify:	pecify Yes or No o Rican, etc.)	14. Rece Blec Specify	k, White,			
8	tural in	8	15. Decedent's Edu	Yeer or Detes:	168.	Decedent's Us	uei Occur	petion		16b. Kind of Bu				
21215-0020	within 72 iene. then ne	Completed	(Specify only highest greds Elementery/Secondery (0-12)	e completed) Coilege (1-4or 5+)		(Give kind of w life. DO NOT bal-	use retire	petion during most of world)	king			ty gov't.		
פ	Hyg other	BeC	17. Fether's Neme (First, Middle, Last)					18. Mother's Nen	ne (First, Middle,					
Maryland	Aenta Aenta rked tic av	To B	William Boone, S	r.				Annab	elle M.	Bennett				
an	and h		19e. Informent's Neme/Reletionship (Ty	pe, Print)				end Number or Ru				Code)		
	and and n 27 in 27 in er tr		Haller R. Snyder			9 Trita				MD 217				
altimore,	Pages 1 nent of H nt: if iter iry or off		20e. Method of Disposition 1	emovel from State		Disposition (N ry, cremetory or			Dete	20c. Location -				
ti m	tmen tant: tant:		4 ☐ Donetion 5 ☐ Other (Specify)		Fairn	nount Ce			7/29/96	Libert	ytowi	n,MD		
Bal	permit. Pages 1 and 2 Depertment of Health a Important: If Itam 27 is any injury or other trac sonce.		21. Signatury of Funerel Service License) Quit	Blen	22. Name	end Addre		artzler rtytown,	Funeral MD	Home	9		
			23a. Pert1. Enter the diseese, or compli shock, or heert feilure. List only or	cations thet caused in	deeth. Do	not enter the mo	ode of dyi	ng, such es cardiec	or respiretory e	rrest,		Approximete interval Between Onset and Deeth		
3	Physician /Medical Examiner		Immediate Cause (Fine) disease or condition resulting in death) e. Terminal Metahatic Breast concern and a second											
		1	resulting in deeth)	Dr	ue to (or es a	consequence of	f):				1			
	nsit	nin	en t))					+			
60,	ifficate be executed g physician and as the bunal-transit	al Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	Du	ue to (or es e	consequence of	r):							
x 68760,	E 00 65	Medical	thet initiated events resulting in deeth) Last		ue to (or es e d	consequenca of):							
P.O. Box	eath certify attending I for use as	Physician/N												
o i	the g	ysic	Pert II. Other eignificant conditions con	tributing to death but	not resulting in	the underlying	cause gi	ven in Pert I.		63		the cause of death?		
٥	deta deta		Rectar	Bleedy					10	Yee (2)	3 Prol	bably 45 Unknown		
Vital Records,	ine law requires that the death cert atte hes been signed by the attending page 2 should be deteched for use	Completed by		0					24a. Wes	an autopsy rmed?	av	ere autopsy lindings eilable prior to mpletion of cause death?		
ž į	ate hes	E O							10	Yes 2 No	1[☐Yes 2☐ No		
ita I	otor,	Be (25. Wes case referred to medical exeminer?					26. Pieca of Dee	th (Check only o	one)				
	rnysician: the la rthis certificate her aral director, page 2	ပ္	1 ☐ Yes 2 2 5 5 10	lospitel: 1 Inpatient	2 ☐ ER/O	tpatient 3 [DOA		ome 5 Resi	dence 6 Oth	er (Specif	y)		
Division of	or Attending Prisate death. I Director: After tid in by the funera	ation:	27. Menner of Deeth 1 Desture: 5 Pending 2 Accident investigation	28a. Dete of injury (Month, Dey Y		Time of njury M	28c. Inju Wo 1 [ryal rk? Yes 2□No	28d. Describe	how Injury occurr	ed			
DIVI	usi or Am rs after de al Directo led in by t	Certification:	3 ☐ Suicide 6 ☐ Couid not be determined	28e. Piece of Injury building, etc. (y - At home, fe (Specify)	rm, street, fecto	ory, office		28f. Location (City or Tou	Street end Numb vn, Stete)	er or Rura	il Route Number,		
	within 24 hours after To the Funeral Dire completely filled in b	Medical	29e. Certifier (Check only one)	niclan: To the best of r ner: On the basis of en end menner stete	xaminetion en	, deeth occurre d/or investigation	d et the ti	me, dete end plece opinion, death occu	, end due to the rred et the time,	cause(s) and ma dete end piece, a	nner as si and due to	eted. the cause(s)		
4	Within To the	Me	29b. Signeture end the of certifier		_	2		se number		29d. Date signed				
			brita.	M. Van	In.		0.	18191		7/1	9/2	6		
			30. Name and eddress of person who co		th (item 23e)	(Type, Print)	/		77	•				
			/4	Anny.			John	von A.	Trelevi	L. NO.	2/7	10		
	Sta Registr		31. Dete filed (Month, Dey, Year)	32 Registraria	s Signature	dall								

DHMH 16 Rev 6/95



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Hygiene prior to burial,

BALTIMORE, MARYLAND 21215-0020

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6	2
O. BOX 68760	certificate
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OR	5
VITAL RECORDS, P.O. I	requires
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OF VI	PHYSICIAN:
DIVISION	ATTENDING PHYS
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5	OR
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH July 30, 1996 MARY E. TYLER 11:25 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign March 22, 1916 217-07-2928 1 M 2 X F 80 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2746 Calvary Road (home) DIRECTOR Somerset Crisfield RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Somerset Maryland Crisfield 1 YES 2 NO 10a. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2746 Calvary Road 21817 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY Specify: White 3 💢 Widowed 4 🗌 Divorced 9 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY П (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Grade Quality Control COMPL Garment Manufacturing 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Elmer Nelson 60 Nola Riggin BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 2742 Calvary Road - Crisfield, MD Nola Hill (daughter) 99 20a. METHOD OF DISPOSITION

1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Asbury Cemetery

Asbury Cemetery 8/2/96 Crisfield, MD ☐ Donation 6 ☐ Other (Specify) _ 21. SIONATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY abuld! Bradshaw & Sons Funeral Home Robert H. Bradshaw 306 W. Main St. - Crisfield, MD 21817 medical 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or reapiratory arrest, Approximats shock, or haart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Opent and Death the disesse or condition___ ARCINOMA event, resulting in dasth) traumatic CERTIFICATION DIRECTOR: After this certificate has been signed by the attending physician and hours after death with the State Dept. of Health and Memal Hygiene prior to bur Item 28 is marked, or Item 23 shows any Injury, or other traumatic Sequantisity list conditions, if sny, laading to immediate . Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in dasth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 23 . PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 KRaaldenca 6 ☐ Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF INJURY 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural м t YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL TO THE HOSPITAL OF TO THE FUNERAL DE FILE WITHIN 72 ho (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2

> Madhav D. Barhan, M.D. - 4384 Crisfield Highway - Crisfield, MD 21817 32. REGISTRAMS SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A Name of the same

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with chours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: It less 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH		
	META	O. TYL	ER			July 29,	^M 1996	YEAR	5:50 A. M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTN	IPLACE (State or Foreign		
1	220-74-2210	1 🗌 M 2 🔀 F	87 YRS.	MONTHS DAYS	HOURS MIN.	Dec. 10,	1908	Mar	ryland		
	9e. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF DE		_	NTY OF D			
<u>د</u>	Home- 21147 Cente	or Stroot		~ -							
DIRECTOR	RESIDENCE OF DECEDENT	er grieer		TATE	rton		So	mers	et		
Ä	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			1	10d. INSIDE CITY		
ā	Maryland Some	cset		Tyler	ton			- [LIMITS?		
甘	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CIT	IZEN OF V	VHAT COUNTRY?		
	21147 Center Stre	eet		1 "	21866			II.	S.A.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC	ENDENT OF NISPAN	IC ORIGIN? (Specify Y	ea or No-		- American Indian,		
	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp	ecify Cuban, Maxican 2 NO Specify	n, Puerto Rican, atc.)		Black	k, Whita, atc.		
ā	3 🔀 Widowed 4 🗌 Divorced	11 120, 0112 1211 011	DATES	1 1 128	213 NO Specify			Specif	White		
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	ISa. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF B	USINESS/INC	DUSTRY			
回	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during mo se retired.}	at of working						
릴	Grade 7		Housewi:	fe		Home					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				IS. MOTHER'S NAM	ME (First, Middle, Maide					
	Charles W. Marsh				Floss	ie Marsha	11		C .		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street I	and Number or Rural R	loute Number, City or To	wn. State. Zic	Code)			
임	Evelyn Tyler (Dau	ughter)			7 - Tyle		2186	-			
	20a, METHOD OF DISPOSITION	20					OCATION —	City or To	avo Stele		
	1 X Burial 2 Cremation 3 mamoral from State compression of the place co										
	21. SIGNATURE OF FACILITY										
	Robert M. K	Suckle	el.	Brads	haw & So	ns Funera	1 Hom	e			
_	Robert H. Bra		//	306 W	. Main S	t Crisf	ield,	MD	21817		
- 1	23. PART I. Enter the diseasea, or c shock, Dr heert fallure. I	omplications that cause on	ed the death. Do n	not enter the mo	de of dying, auch	aa cardisc or rea	piratory arr	rest,	Approximata		
	IMMEDIATE CAUSE (Finel										
	disease or condition resulting in death) o. Due to (or As A consequence of):										
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions to be wrong bythey bythese										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSCOURNCE OF):										
S	CAUSE (Disease or Injury		dyre the	mor							
느	thet initieted events	DUE TO (OR AS	A CONSEQUENCE OF	F):							
E	resulting in death) LAST	J									
	PART II. Other algorificant conditions	s contributing to deeth	but not resulting i	in the underlyin	s cause alven in i	Port I 24- uno a	N ALITONOV	245	WERE AUTOPSY FINDINGS		
DICAL	PERFORMED? AMAILA								AMILABLE PRIOR TO		
		Jacks 1 John	us (IV 2	wy Drus		1 YES	2 📉 NO		COMPLETION OF CAUSE OF DEATH?		
Σ									1 TES 2 NO		
PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES □ NO □ UNCERTAIN □										
₫∥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	N (Check only one) OTHER:							
YS	1 ☐ YES 2 X NO	1 Inpatient 2 ER/Ou		4 - Nursing Hom	e 5 XResidence :	S C Other (Specify)					
표	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIMI		URY AT RK?	28d. DESCRIBE HOW	INJURY OCC	CURED			
BY	2 Accident investigation				rES 2 NO						
0 1	3 Suicide S Could not be	28a. PLACE OF INJUR building, atc. (Sp	Y — At home, farm, s scify)	treet, factory, offic		LOCATION (Street		or Rural R	loute Number,		
	4 Nomicide determined						,				
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my know	wiedga, daath occurre	d at the time, date	end place, and due t	to the cause(a) and m	enner ee staf	ied.			
COMPLET		R: On the basis of examinati) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER			-							
#		N/	du l		29c. LICENSE NUM		290. DATI	1 a.	(Month, Day, Year)		
ဥ	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	FATH (ITEM 27) (3	Print)	D1571	3		. 31.	46.		
	William Gill, M.				Crisfield	d, MD 21	817				
						_,					
	AUG 02 1996 " Jahr	an market and a	•								

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Date of Death 3. Time of Death MARGARET **Physician** WICKINSON Month 4-15 PM JULY /Medical 4a. Facility Name (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Genesis Elder Care Network Severna Park Anne Arundel Co. 7. Aga (In yrs. last birthdey) if Under 1 Yeer If Under 24 Hrs. 5. Social Security Number Birthplace (Stata or Foreign Country) Months 11 Days Hours 1□ M 2√ F 578-03-7955 Yrs. 90 07-20-1905 NY Usuel Residence of Dacedant 10a State 10b. County 10c. City, Town or Location 10d. fnsida City Limits 1 Yas 2√ No Director Anne Arundel Severna Park 10a. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 111 Cedar Rd. 21146 USA 11. Meritel Status 12. Was Dacedent Ever in U,S. Armed Forcas? Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indien, Black, Whita, atc. 1 ☐ Yas 2 No if Yas, Giva Yeer or Detes: 1 Never Merried 2 Married 1 ☐ Yas 2 ☑ No Specify: Specify: ð 3 ☑ Widowed 4 ☐ Divorced White Completed Decedant's Usual Occupation (Giva kind of work done during most of working lifta. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elamentary/Secondery (0-12) College (1-4or 5+) Bookkeeper Retail 12 +17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meiden Sumeme) Joseph Albert Eva Wink 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Margaret Moss/Daughter 123 Drexel Drive Millersville, MD 21108 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Steta 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Washington D.C. Olivet Cemetery 7/18 21. Signature of Funaral Service Licenses 22. Nama end Addrass of Facility Barranco and Sons Funeral Home 495 Ritchie Hwy. Severna Park, MD 21146 23a. Part1. Enter the disease, or complications that caused the down. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Death CERESTONASCULAR PREIDENT fmmediata Causa (Final disaasa or condition resulting In death) 4 WEEKS ALTERIOSCLEROTIC CALDIOVASCULAL Sequantially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Disease or Injury that Initiated avants rasulting in death) Last Dua to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Honknown 24b. Ware eutopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed?

Physician /Medical Examiner

Funeral

Director

the Maryland

permit. Pages 1 and 2 should be filed within 72 hours after death with the Manylar Department of Health and Mental Hyglene. Impropriant: If item 27 is marked other than "natural", or items 23a or 28s-1 show any litury or other traumatic event, the Medical Examiner mail to notified a

Baltimore, Maryland 21215-0020

Examiner physician and the burial-transit Physician/Medical by Completed Be

1 Yas 2 UNG

1 Metural

3 Sulcida

29a, Cartifier

2 Accidant

4 I Homicida

29b. Signatura and title of certifier

25. Wes case rafarred to medical axaminar? 27. Mannar of Death Certification:

I or Attending Physician: after death. Director: After this certific funeral To the Hospital o within 24 hours at To the Funeral D completely filled is

certificate

Division of Vital Records, P.O. Box 68760

State Registrar

28a. Deta of Injury (Month, Day Year)

29c, Licensa number

28c. Injury at Work?

1 Certifying Physician: To tha best of my knowledge, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated.

1 Yas 2 No

29d. Date signed (Month, Dey, Year)

28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)

1 ☐ Yas 2 ☐ No

21061

2 1 No

26. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Dascribe how Injury occurred

30. Nama and address of person who complated cause of death (Item 23e) (Type, Print) SUMMA

MUNDRA MD (600 CHAIN HWY GLENSURMB

31. Data filed (Month, Day, Year)

2 6 1996

5 Panding Investigation

6 Could not be detarmined



Hospital: 1 ☐ Inpatlant 2 ☐ ER/Outpatlent 3 ☐ DOA

28b. Time of

28a. Place of injury - At homa, farm, street, factory, office building, atc. (Specify)

THE STATE OF THE SECOND STATES AND ADDRESS.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** BLANCHE **ASHKENASY** AUG. 1996 /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 6318 GREENSPRING AVE., APT. T-1 BALTIMORE N/A If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 5. Sociel Security Number 7. Age (in yrs. last birthdey) 8. Date of Birth (Month, Day, Year) FEB. 14, 1917 9. Birthplece (State or Foreign **Funeral** 1 M 2 F MARYLAND 215-09-6499 79 Yrs **Director** Usuel Residence of Decedent the Maryland 10e. State 10b. County permit. Pagas 1 and 2 should be filed within 72 hours aftar death with the Marylan Department of Haalth and Mental Hygiena.
Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f ahow any injury or other traumatic event, the Medical Example must be northed at once. 10c. City, Town or Location 10d. Inside City Limits MD N/A BALTIMORE 1 Yas 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6318 GREENSPRING AVE., APT. T-1 21209 USA Funeral 12. Wes Decedent Ever In U.S. Armed Forces?

1 Yes 2 No if Yes, Give Wes Decadent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Merltei Stetus 14. Reca - American Indien, Bleck, White, etc. 1 Never Memed 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🗓 No WHITE þ Specify 3 X Widowed 4 □ Divorced Yeer or Detes: Completed 18e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) BOOKKEEPER ACCOUNTING 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) SAMUEL YOFFE MATILDA SNYDER 2 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 4790 BYRON RD. JEFFREY ASHKENASY (SON) BALTIMORE, MD 21208 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete XX Buriai 2 Cremetion 3 Removel from State ARLINGTON (CHIZUK AMUNO) 8/11/96 BALTIMORE, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. SOL "LEVINSON" BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 aura Enter the disease, or complexituhe that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory errest, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Deeth Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last burlal-tran H Box 68760 physician ž Physician/Medical 2 88 attending 885 ä signed by tha a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 10 3 Probably 4 Unknown Division of Vital Records, à 24e. Wes an eutopsy performed? 24b. Were autopsy findings evellable prior to completion of cause of deeth? Completed peed paga 2 has 1 Yes 2 No 1 ☐ Yes 2 ☐ No director, 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitei: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 ER/Outpetient 3 DOA this funeral 28e. Dete of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: Aftar Attending 1. Naturel 5 Pending investigation death. 1 Yes 2 No 2 ☐ Accident or Attend after death Director: the 8 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide To the Hospital of within 24 hours at To the Funeral D Descripting Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. edical 29a. Certifier (Check only one) complataly 295. Signature and tale of certifier 29c. License number 29d. Date signed (Month, Qay, Year) 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) 19 WALKER BUE; BALTIMORE, MD WEG 70 WIV nilan

State Registrar 31. Date filed (Month, Dey, Year)

3 1996

AUG 1

32. Registrer's Signature

Table 1 Community of the Community of th Sand as different managements. The same and a segment

ITEM: 20a, PER F'.H. F'ILM G-738 8/13/96 t.t

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

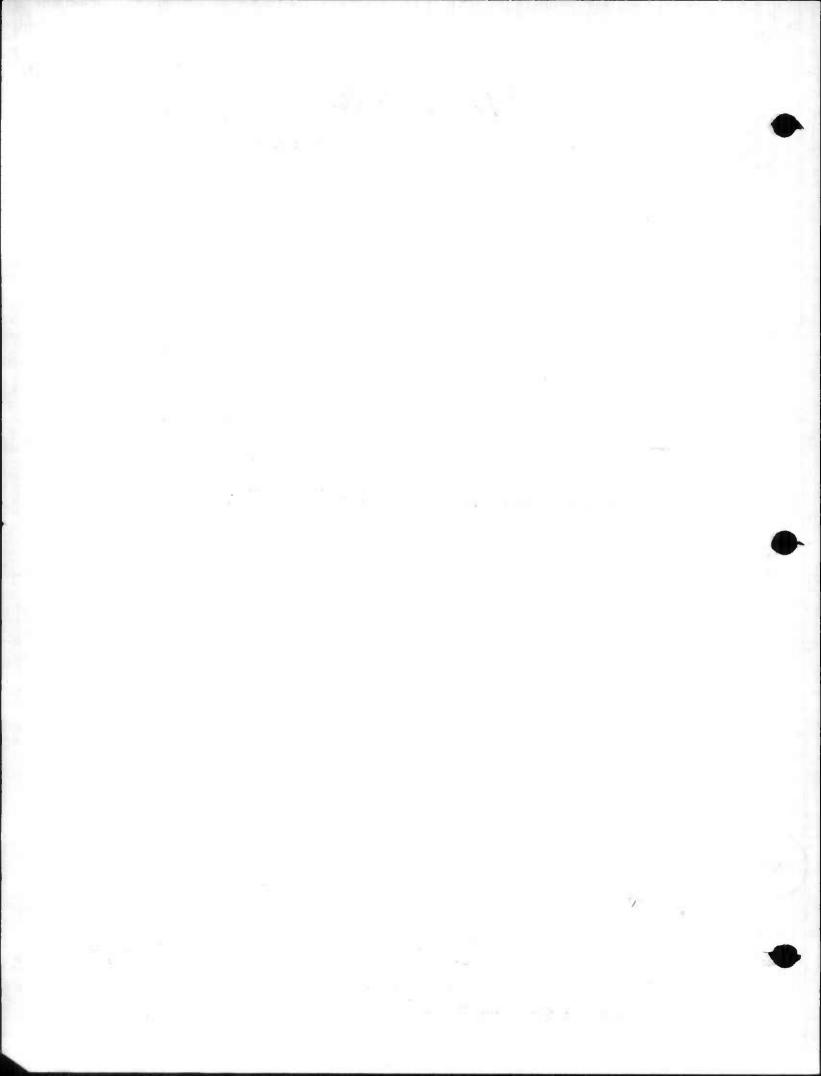
State of Maryland /	Department	of Health and	Mental Hygiene
	O 1100 1	(5)	

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4	Physici /Medic		1. Decedent's Neme (First, Middle, Las	William	J. Austin		2. Dete of Death	Dey Yeer	3. Time of Deeth
	Examir Funeral Director		48-28-9498	s lane	lest birthdey) If Under 1 Yeer Months Deys		8. Dete of Birth (Month, Day, Ye	Ba (to Spar) 9. Bi	oth httplece (Stete or Foreign ountry) Md
	e Maryland	ctor	Usuel Residence of Decedent 10e. Stete 10b. County Mul Ball	14 more Ro	y, Town or Location McCalls town				10d. Inside City Limits 1 ✓ Yes 2 ☐ No
1	23a or 28	Funeral Director	10e. Street and Number 8500 Greens	lane	10f. Zip Code	0744		Citizen of What C	A.
020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 23a-f show any Injury or other traumatic event, the Medical Examiner must be notified at ance.	þ	11. Maritel Stetus 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. Was Decedent Ever in U, Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes:	S. 13. Wes Decedent of I If Yes, specify Cub		ecify Yes or No- Rican, etc.)	14. Rece - Am Bleck, Whi	
Maryland 21215-0020		Completed	15. Decedent's Ed (Specify only highest grad Elementery/Secondery (0-12)	ucation de completed) College (1-4or 5+)	16a. Decedent's Usuel Occup (Give kind of work done life. DO NOT use ratire Blectronic	e during most of worked)		o. Kind of Business Air Airce	Andustry
ryland	marked oth	To Be (17. Father's Neme (First, Middle, Last)	arter		Helen	e (First, Middle, Male		
	rages 1 end 2 sh nent of Heelth and int: if item 27 ie m iry or other traum		19e. Informent'e Neme/Reletionship (7 20e. Method of Disposition 10 Büriel 200 Cremetion 3	Removel from State	19b. Melling Address (Street SOU Greet lece of Disposition (Neme of emetery, cremetory or other ple	ns lane	Randa Dete 200	alls town . c. Location - City or	rd 20744 Town, State
-	Department Important: any injury		4 Donetion 5 Other (Specify 21. Signeture of Funerel Service Licens	1/4	22, Name and Address March		3-15-96 () ot she Aven	atursuil	1e, rd 21215 to red
2	hysician /Medical :xaminer	er.	23a. Pert1. Enter the disease, or comp shock, or heert feilure. List only of Immediate Causa (Final disease or condition resulting in deeth)	one ceuse <i>on</i> each line.	n. Do not enter the mode of dyl		or respiretory errest,		Approximete Intervel Between Onset end Deeth
68760, rificate be executed up physician and as the buriel-transit		fedical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last	b. Due to (or	es e consequence of):				
		by Physician/M	Pert II. Other significant conditions co						to the cause of death'
of Vital Records, P.O. Box	shoul	Completed by PI	POLICE OFFI	eas at Sce	E ACCORDIN	NG 48	24e. Wes en al performed		Were autopsy findings available prior to completion of cause of death?
E 6	page page	Be Com	25. Wes case referred to medical			26. Place of Deet	1 Yes	2 Q.No	1 Yes 2 No
Gion of Vita	Atter this car the funeral direc	Certification: To B	exeminer? 1 Yes 27. Menner of Deeth 1 Deaturei 2 Accident Investigation 3 Sulcide 6 Could not be	28a. Dete of injury (Month, Dey Year)	28b. Time of Injury M 1	her: 4 Nursing Ho iny et ork?] Yes 2 No	me 5 Dresidence 28d. Describe how in	njury occurred	
	d in Dy	Certifi	4 Homicide	28e. Pleca of Injury - At ho building, etc. (Specify	me, ferm, street, fectory, office)		28f. Location (Street City or Town, St		urai Route Number,
_	2 5 1	edical	29a. Certifier 1 Certifying Phy	misian. To the best of our t	vledge, deeth occurred at the ti		and due to the	- (-) · · ·	

Hacins De, BART, MI

State Registrar

AUG 1 3 1996



REG. NO.

1996

9c. COUNTY OF DEATH Harford

2. DATE OF DEATH MONTH DAY

August 10,

7. DATE OF BIRTH
OCT. 21,1937

BALTIMORE, MARYLAND 21215-0020

should

FOR STATE REGISTRAR

Ralph

4. SOCIAL SECURITY NUMBER

213-38-7648

1. DECEDENT'S NAME (First, Middle, Last)

Alkire

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

1 X M 2 - F

DIVISION OF VITAL RECORDS, P.O. BOX 68760

2, 3	2	2503 Kelso Court			talls.	ton		Har	ford		
Jes 1.	DIRECTO	10a. STATE 10b. COUNT	Y	10c. CITY	, TOWN OR LOC	CATION			104	1. INSIDE CITY	
physician. burial-transit permit. Pages		Maryland Harford Fallston						1[LIMITS?		
регш	ERAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	EN OF WHAT	COUNTRY?	
an. ransit	HE I	2503 Kelso Court				21047			ed St	ates	
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d be d	ш	William Alkire				Alta P	. Skinne	r			
5 should be notified at	TO B	19e. INFORMANT'S NAME (Type/Print)				et and Number or Rural					
page 5	-	Mary Ann Alkire 204. METHOD OF DISPOSITION				ourt Fall	ston, Ma	ryland :	21047		
ector, p		1 X Surial 2 Cremstion 3 Rem 4 Donetion 5 Other (Specify)	coval from State	b. PLACE AND DATE O	her place)	Grdus 81	13/199K	Middle 1	Dinon,	, Maryland	
after death. Page by the funeral dir moval. Ical examiner		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME	AND ADDRESS OF FA	CILITY				
		23. PART I. Enter the dispuses, or	26		Duda	-Ruck Fun	eral Hom	e of Du	ndalk	, Inc.	
		23. PART i. Enter the diseases, or	complications that cause	d the desth. Do n	ot enter tha r	mode of dying, suc	h as cardiac or	respiratory srre	<u>Малцх</u> 81,	Approximate	
24 hours filled in on, or re he med		IMMEDIATE CAUSE (Finel	List only one cause on a							Interval Between Onset and Death	
thin 24 stely fi mation nt, th		disease or condition resulting in death)	Esophae			ER.				6 MO.	
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executed n and cor to burial, matic e	CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
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ling ph ygiene othe	TIF	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
he death certificate be the attending physician Mental Hygiene prior to njury, or other traur	CEF	d									
by the and Me	AL	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? AM									
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the law regulater that the law regulater that the law control of the l	IAN	25. WAS CASE REFERRED TO MEDICAL	KIDOTE TO CAUSE C	28. PLACE OF DEAT			4 🗀				
or item	PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Out	patient 3 DOA	OTHER: 4 Nursing H	ome 5 Residence	8 Other (Specific	()			
PHY: this cert with the rked, or	F	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ		INJURY AT WORK?	28d, DESCRIBE	IOW INJURY OCCU	JRED		
ing Printer the eath weath we	ВУ	1 Natural 5 Pending 2 Accident Investigation	Of DIACE OF BUILD	V 44.5 4		YES 2 NO					
TEND TOR: A after d	日	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	r — At nome, with, s icify)	itreet, lactory, or	rrice	City or Town,	Street and Number o State)	r Rural Route	e Number,	
DIRECT NOURS STEEM	9	254. CERTIFYING PHYS	ICIAN: To the best of my know	riados, deeth occurre	od at the time of	late and place, and due	to the squarfel or	d	4		
TO THE HOSPITAL DR ATTENDING PHYS TO THE FUNERAL DIRECTOR: After this cert be filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, or	COMPLETED	Acus 1	ER: On the beels of exemination							nd manner sa stated.	
E FUN With RTAN		SIGNATURE AND PHASE OF CONTIFIE	R			29c LICENSE NU	MPER	29d, DATE	SIGNED (MI	onth, Day, Year)	
TO TH TO TH De file	79-BE	Jemaly				13169	0	▶ 8	11/9	6	
	7	NAME AND ADDRESS OF PERSON W	C, 22 S.	EATH (FTEM 27) (Type,	Print)	D3169	170	40	212	۸/	
		31. DATE FILED (Month, Day, Year)			70	11, 10	5,7	-U.J.		<u> </u>	
V		AUG 1 3 1996	32/REGISTRAR'S SIG	n-Adades							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

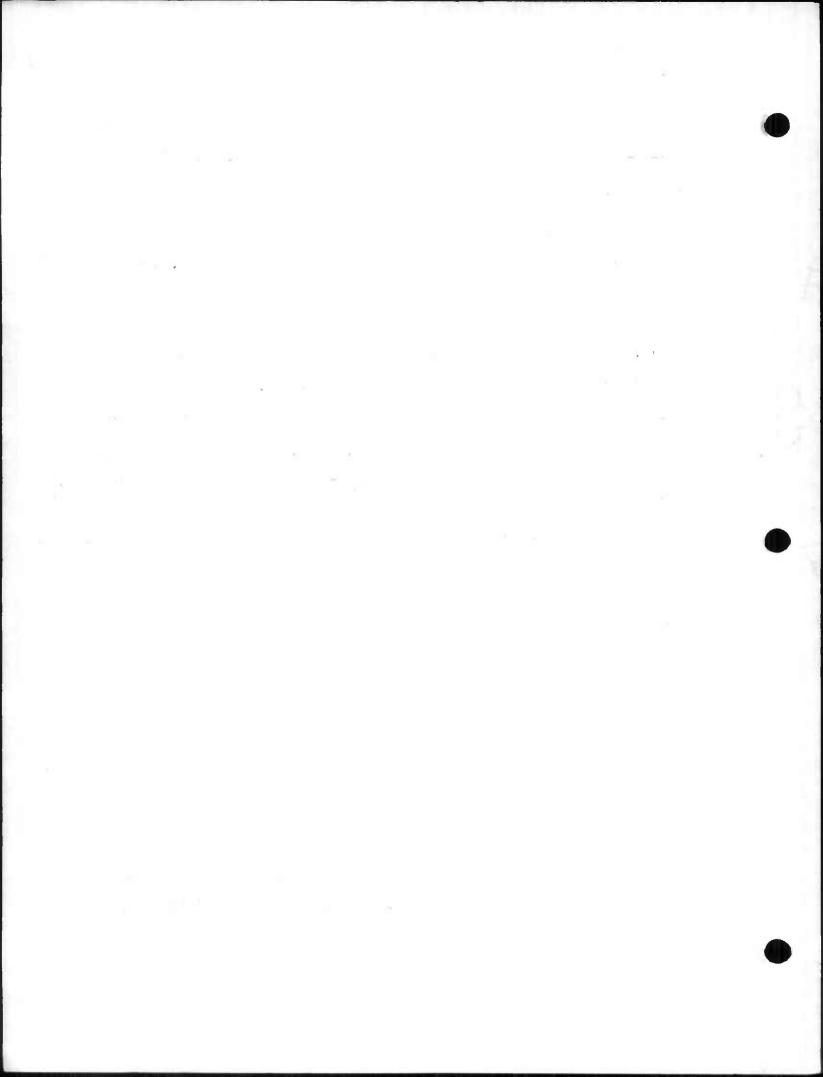
6, AGE (In yrs. last birthday)

58

3. TIME OF DEATH

3:00

8. BIRTHPLACE (State or Foreign West Virginia



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 23822 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month NANCY BRADLEY 12 AUG. 96 7:30 A.M 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Stella Maris Hospice - Mercy Hospital Baltimore N/A Hours Min. FEB 26, 1930 If Under 1 Yaar Months Days 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthpiaca (State or Foreign 169-24-6188 1 □ M 27 F 66 Pennsylvania Usual Residence of Decadent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2√2 No Pennsylvania Lancaster Lancaster 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 907 Union Street 17602 USA 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian. Black, Whita, atc. ☐Yes 2☐No Yes, Give 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White 3 ☑ Widowed 4 ☐ Divorced Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Electronics Elementary/Secondery (0-12) College (1-4or 5+) Assembly Worker Manufacturing 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Lovd Miller Beula Tish 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Dennis Ray Bradley/son 203 Star Pointe Ct., Unit 1C Abingdon, MD 21009 20b. Place of Disposition (Neme of cematary, cramatory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata Metro Crematory, Inc. 08/12/96 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Sarvice Licensea, F. McDonald Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228 23a. Perf1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Immediate Cause (Final disaasa or condition resulting in death) METASTATIC COLON CANCER 4 MONTHS Due to (or as a consequenca of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last Due to (or as a consequenca of): Dua to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contributs to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? 1 ☐ Yes 20 No 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one) STELLA MARIS AT MERCY 25. Was case referred to medical examinar? Other: 4 \square Nursing Home 5 \square Residence 8 $ot\!\!{/}$ Other (Specify) HOSPICE1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Natural 5 Pending

1 ☐ Yes 2 ☐ No

040480

BELAIR

MD

5810

BACTO

Cartifying Phyaician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated. 29c. Licanse number

28f. Location (Street end Number or Rural Route Number, City or Town, State)

20

21206

29d. Date signed (Month, Dey, Year)

Physician /Medical Examiner that the death certificate be executed **bunel-transit** and physician s the buriel 98 esn ŏ

P.0.

on of Vital Records.

ng Physician:

Physician

/Medical

Examiner

Funeral

Director

filed within 72 hours efter deeth with the Men/land Hyglene. other than "nature!", or items 23a or 28a-f ehow

i. Peges 1 end 2 should be filed w timent of Heelth end Mental Hygien tant: If tem 27 is marked other ti liury or other traumatic event, to

permit. Pege Department of Important: If any injury or once.

altimore, Maryland 21215-0020

r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at

Director

Funeral

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Completed

Be

2

page 2 director.

Physician/Medical by Completed Be 2

been signed by the should be deteched hes certificete this Inneral After

Examiner

Certification:

Medical

FERNANDO 31. Date filed (Month, Dey, Year) AUG 13 1996

invastigation

6 Could not be determined

2 Accident

4 Homicide

(Check only one)

3 Suicide

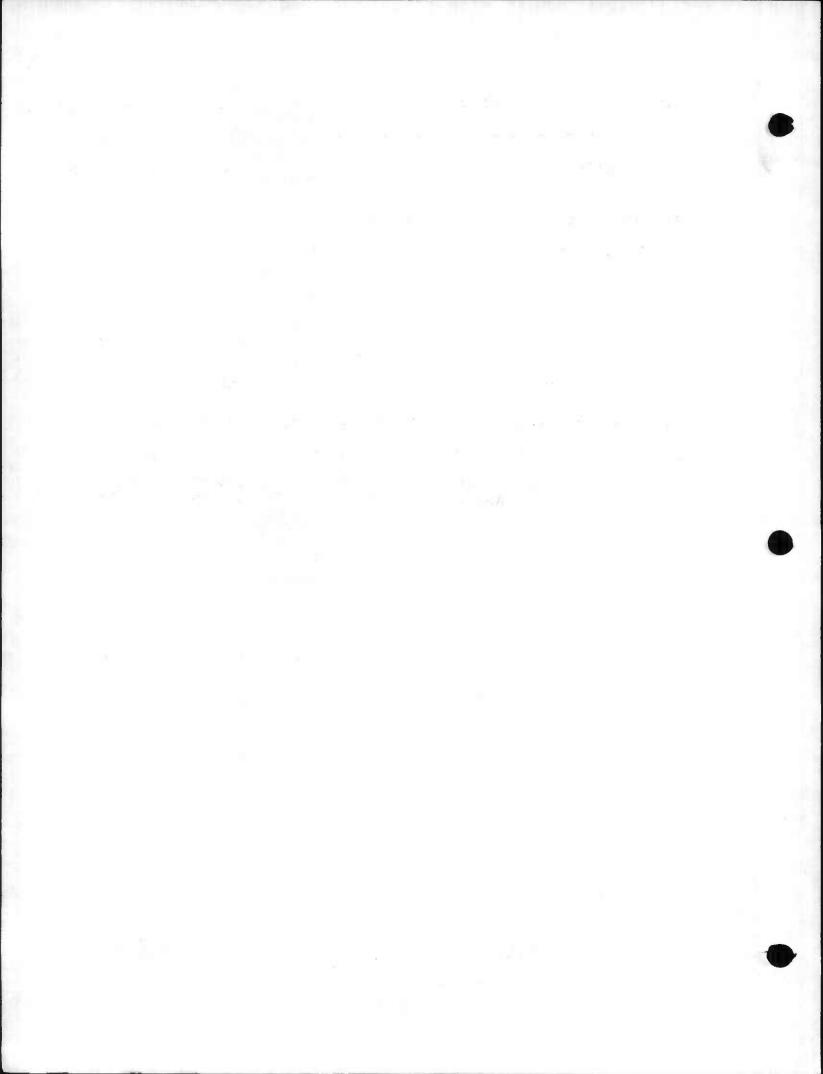
29a. Certifier

Memon, 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) FERRO MP

32. Registrer's Signature

28e. Placa of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)

State Registrar



State

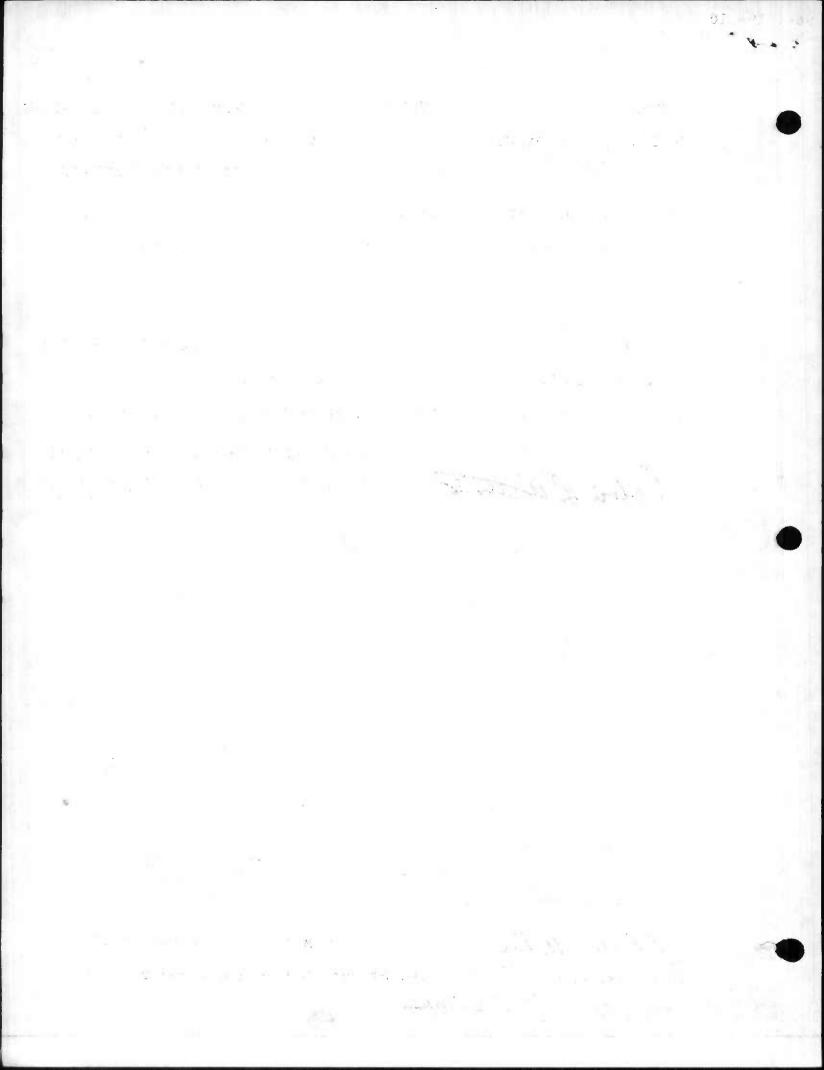
Registrar

31. Date filed (Morth, Day, Year)

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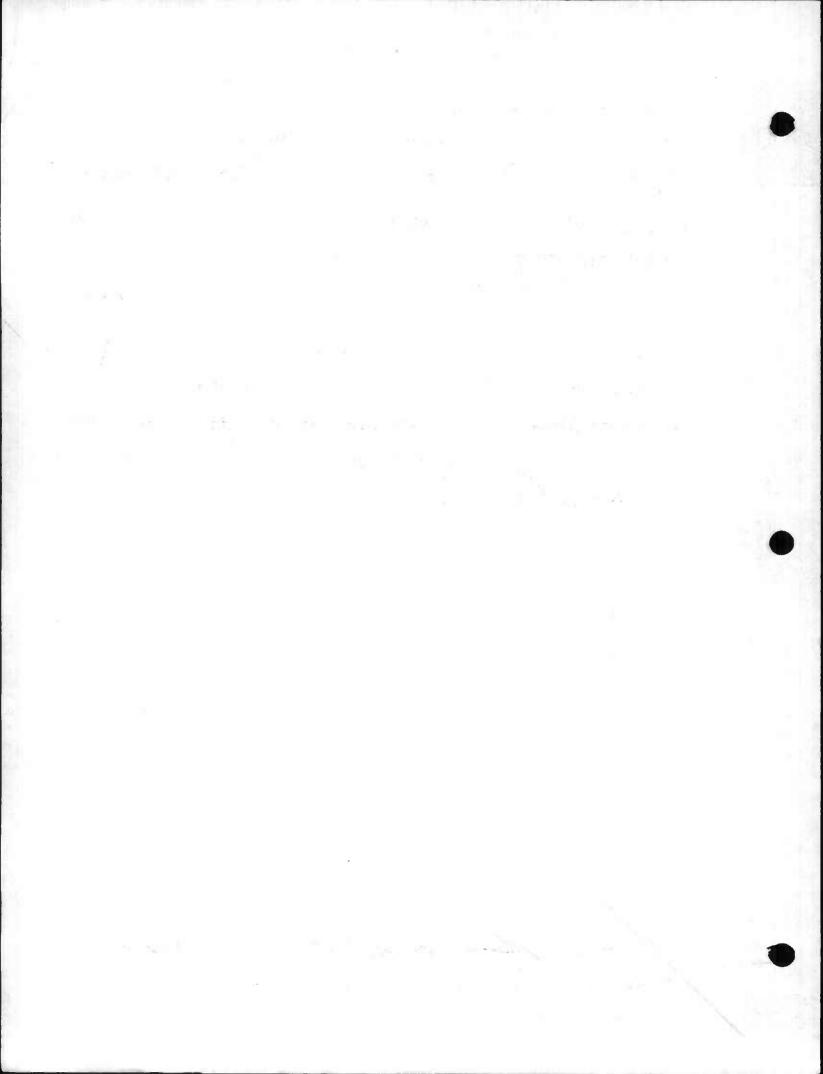


State of Maryland / Department of Health and Mental Hygiene

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					Certifica	ate of	Death	F	Reg. No.	0	20024
Dhool	-1	Decedent's Nama (First, Middla,	Last)					2. Data of Dea Month		Yaar	3. Time of Death
Physi /Med		Veronica L	. Barr	es				08	12	96	0413A
Exam		4a. Facility Nama (If not Institution,)						Location of Death	4c. Count	y of Death	
		Joseph Riche	y Bas	N. Eu	Jans 5	K	Baltin	2901	N.	/A	
Funera	at I		. Sax 7. Ac	ga (In yrs. last i		dar 1 Yaar		s. 8. Data of Birth		9. Birtho	olaca (Stata or Foraign
Directo		214-64-6320 Usuat Rasidance of Dacedant	1□ M 2XXF	31	Yrs. Month	ns Days	Hours Mir	8. Data of Birth (Month, Day Aug. 2	1965	MARY	
yland		10a. Stata 10b. County		10c. City, To	wn or Location					1	Od. Insida City Limits
Mar Mar	to	MARYLAND N/A		R/	ALTIMORE	CITY	/				Yas 2□ No
h the	Director	10e. Street and Number		, ,		Zip Coda			10g. Citizen of	What Cour	ntry?
3a c	2	533 N. BRICE ST	TDEET			21223	2		U.S	Λ	
deati	Funeral	11. Maritai Status	12. Was Decedant		13. Was De	cedant of I	Hispanic Origin? (Specify Yas or No-	14. Ra	ce - Amaric	
à 58	Ē	Nevar Married 2 Married	Armed Forcas?	No			en, Maxican, Pua	rto Rican, atc.)		ick, Whita,	
within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show its Medical Exercites must be nutried at	Ď		If Yas, Giva Yaar or Datas:		1 Ll Yas	XX No	Specify:		Specia	b: BLA	CK
should be filed within 72 hours of Mental Hygiene. marked other than "natural", matic event, the Medical Exa	Completed	15. Decedant's	Education	16	sa. Decedant's U	sual Occup	pation		16b. Kind of B	usinass/in-	dustry
s 1 and 2 should be filed within 72 hc f Health and Mental Hygiene. Item 27 is marked other than "natur other traumatic event, the Medical	Die	(Specify only highast (Elamantary/Secondary (0-12)	grada complated) Collega (1-4or:	E.\	(Giva kind of lifa. DO NOT	work dona Tusa retire	during most of wo	orking			
filed with Hygiene. ort, the	E	9th grade	Collega (1-40)	1	None-Hea	1th F	Reasons		N/A	4	
Hygin of the cont.	BeC		st)				18. Mothar's Na	ama (First, Middla,	Maidan Sumai	ma)	
2 should be and Mental s marked o	ToB	Andrew L. Barner	•				Jul-	ia Duffie			
should ind Meni	-	19a. tntormant's Name/Raiationship		11	9b. Mailing Addre	ass (Street		Rural Routa Numbe		Stata Zir	Code)
and 2 sauth ar 27 is		Julia Barner/Mo		i i				Baltimore			
ges 1 and t of Health If Item 27 or other tr		20a. Mathod of Disposition	uller	20b. Place	of Disposition (/	Vama of		Data	20c. Location		
000		1 ☑ Burial 2 ☐ Cremation 3			tary, cramatory o			0 15 05			
rtant right		4 Donation 5 Other (Spe	**	KING	MEMORIA			8-16-96			MARYLAND
permit. Pag Department Important: h any injury o		21. Signature of Funaral Sarvice Lic		Porle	22. Nama	and Addre		ILLIAM C. 206 W. NO			UNITY F/H
		23a. Part 1. Entar tha disease, or co	mplications that cause	d tha daath. D	o not antar tha m	oda of dyi	ng, such as cardie	ac or raspiratory ar	rast,		Approximata
Physician		shock, or haart failura. List on	ly ona cause on aach ii	na.							Intarvat Between Onsat and Death
/Medica	_	tmmediata Causa (Finat	D., 1		1					- 1	
Examine	r .	disaasa or condition rasulting in death)	a. Pulmo	naryfai						1	two months
	9	141	ATDC	Dua to (or as	a consequenca o	Ot):				1	
petr insit	Examiner		B. AIDS		*						years
and and	Exa	Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury		Dua to (or as	a consequance o	ot):				1	
law requires that the death certificate be executed as been signed by the attending physician and 2 should be detached for use as the burial-transit	100	Cause (Disease or Injury that initiated events	C								
phy:	Medical	rasulting in death) Last		Dua to (or as a	a consequenca o	if):					
ding pl	Š		d							ĵ	
ath cattern	lan									t	
that the death cert ed by the attendin detached for use	Physician/	Part It. Other algnificant conditions	contributing to death b	ut not rasulting	in the underlying	g causa gir	ven in Part I.	23b. Dld t	obacco use co	ontributs to	o the cause of death?
d by	F	Hepatitis C						101	rss 2□ No	3 Prof	bebly 4 Unknown
signed I	by									1	
v requir been si should	Completed	Mycobacterium a	vium intra	cellula	re			24a. Was a perfor	an autopsy med?	av	ere autopsy tindings
has b	jd									of	emplation of cause death?
The ate h	6	aremia and fail	ure of erv	thropoi	esis			1 🗆 Y	as 2 No	1 [☐ Yas 2☐ No
	Be	25. Was casa refarred to medical					26. Place of De	eath (Check only o	na)		hospice
Physician: rthis certific ral director,	2	axaminar? 1 ☐ Yas 2 ☑ No	Hospital:	ent 2 ER/0	Outpatient 3	DOA Ott	har: 4 Nursing	Homa 5□ Rasid	ence 6 Ot	har (Specif	Richey/
g Phys er this eral di		27. Mannar of Death	28a. Data of triju (Month, Da	ry 28b	. Tima ot	28c. tnju Wo	ry at	28d. Dascribe h	ow Injury occu	rred	
offing furth.	읉	1 Natural 5 ☐ Pending 2 ☐ Accidant invastigat		y rear/	Injury M		Yas 2 No				
after death. Director: After	Certification:	3 ☐ Suicida 6 ☐ Could not	Zoa. Place of inj		tarm, streat, fact	ory, office		28f. Location (S	treet and Num	ber or Run	al Routa Number,
무를	e L	4 Homicida	building, at	c. (Specify)				City or Tow	n, Stata)		
To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	edical C	29a. Certifier (Check only one) 1 Certifying I	Physician: To the best aminer: On the bests of	axamination a	ga, daath occurre and/or invastigati	ed at tha ti	ma, data and place opinion, daath occ	e, and dua to tha courred at tha time, o	eausa(s) and m	annar as s	tated. o tha cause(s)
the	Me	29b. Signatura and titta of certitiar	and mannar st	ateu.	1.	29c. Licans	sa number		29d. Data sign	ed (Month	Day Yearl
		250. Signatura and titla of Certifial		_					- A-III		
3		7	fleen	_ /	· . d.	D 13	0000		12 Augu	st 96)
		30. Nama and addrass of person wh									
		Thomas Powell	101 W.	Read S	t. B	altim	ore 212	201			
S	tate	31. Data filed (Month, Day, Year)		ar's Signatura							
Regis	trar	7114 . 277	- A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Maria .	70,						

DHMH 16 Rev 6/95

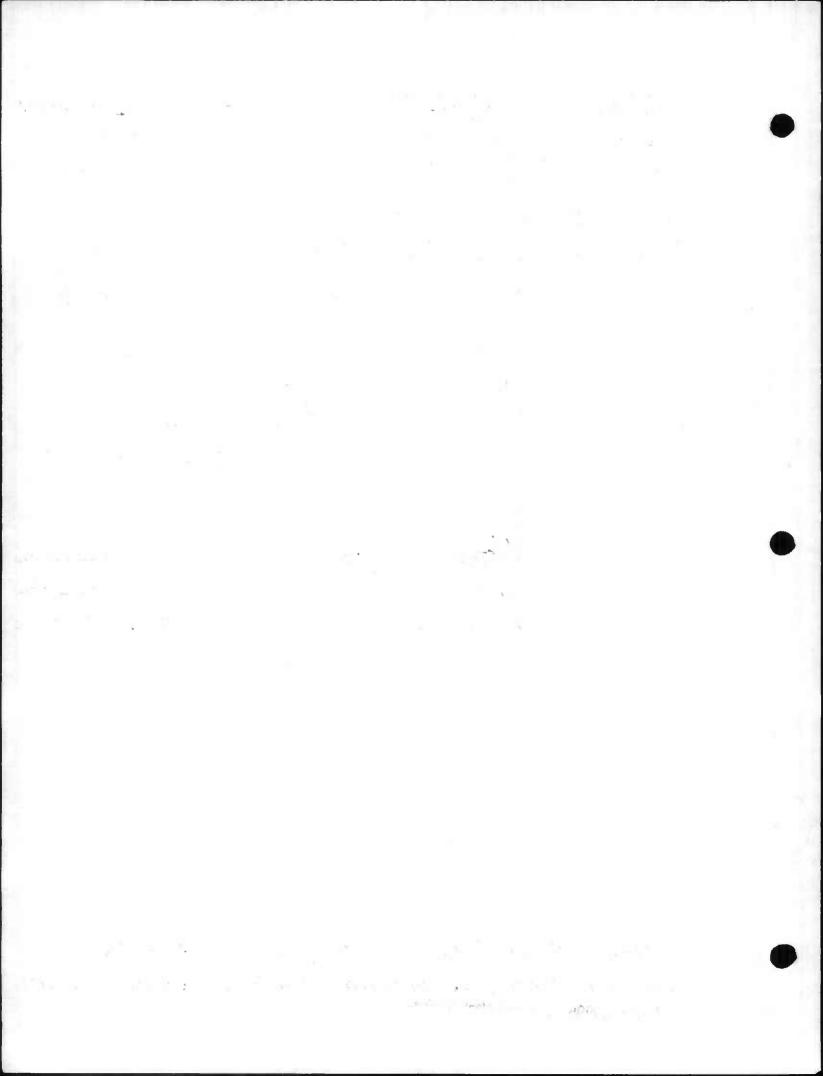


State of Maryland / Department of Health and Mental Hygiene

96

			Certificate of Death	Reg. No	0.	, U
			1. Decedent's Name (First, Middle, Last)	2. Date of Death	3. Time of De	ath
л	Physic		TAMES R. BYNUM Sr.	Month De	9 96 01:24 1	91
	/Medi Examir		4a. Pacility Nama (If not Institution, give street and number) Dalto Veterans Haspital 4b. City, Toyn, or Dalto Veterans	Location of Death 40	County of Death	
	Funeral Director		5. Social Sacurity Number 6. Sex 7 Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hr. Months Days Hours Min		9. Birthplaca (Stata or Fo	oraign
	r 28a-f ehow	tor	Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location NA Parameters of Decedent 10c. City, Town or Location		10d. Inside City ⊔ 1 □ Yes 2	
	death with the Maryland ma 23a or 28a-f ehow I main be notified at	Funeral Director	10e. Street and Number Buckinghan Rd 21207	10g. C	itizen of What Country?	
020	or its	þ	11. Marital Status 1 Never Married 3 Widowed 4 Divorced 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (If Yes, specify Cuban, Mexican, Puer If Yes, Giva Yaar or Datas: 13. Was Decedent of Hispanic Origin? (If Yes, specify Cuban, Mexican, Puer If Yes, Giva Yaar or Datas:	Specify Yas or No- rto Rican, etc.)	14. Raca - American Indian, Black, White, etc. Specify: Black	
21215-0020	- 33	Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Self-Employed	orking 16b. F	Kind of Businass/Industry MEI / Oil Co	
Maryland	ges 1 and 2 should be filed within to thealth and Mental Hyglene. If them 27 is marked other than or other treumatic event, the Mental treumatic event, the Mental treumatic event, the Mental treumatic event, the Mental treumatic event, the Mental treumatic event, the Mental treumatic event, the Mental treumatic event, the Mental treumatic event, the Mental treumatic event, the Mental treumatic event, the Mental treumatic event, the Mental treumatic event, the Mental treumatic events even	To Be C	17. Father's Name (First, Middle, Last) Ohn Robert Bynun 18. Mother's Na Aman	ame (First, Middle, Meider LC	n Sumeme)	
	is 1 and 2 shows the said the		19a. Informant's Name/Relationship (Type, Print) Mandy Bund Bynum-wolf 4105 Buckingha	n Rd K	oulto, md	
Baltimore	Pa ury		20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Othar (Specify) 20b. Place of Disposition (Name of gemetary, cramatery or othar place) Commentary, cramatery or other place)	8/1.1./	Location - City or Town, State	
Ball	permit. Pag Department Important: I any injury o		21. Signatura of Funaral Sarvica Licensee 22. Name and Address of Facility A Ladre 4300 Wa basi	(1 n ·		
			23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardie shock, or heart failure. List only one cause on each line.		Approximate Interval Between	
	Physician /Medical		Immediate Cause (Final disease or condition a. METABOLIC ACIDOSIS		minutes to	
	Examiner		resulting in death) Due to (or as a consequence of):			700
J	D #	lue	SEPSIS		minutes to	he
68760,	icate be executed physician and s the buriel-fransit	cal Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undertylor grant Cause, Chief Undertylor Cause, Chief	E CARCIN	OMA months to	
Box 687	nding use a	n/Medical	Due to (or as a consequence of): d			
	the attenthed for u	sicia	Part II. Other significant conditions contributing to death but not resulting in the undarlying cause givan in Part I.	23b. Did tobacc	o use contribute to the cause of de	eath?
s, P.0	requires that the death een signed by the atte hould be detached for	by Physician		1 Yes	2 No 3 Probably 4 Unit	know
Records,	S S S	Completed		24a. Was an auto performed?	ppsy 24b. Ware autopsy findi available prior to completion of caus of death?	
- B	The is	0		1 Yes 2	2□No 1□Yas 2□No	
Vital	All look	Be	examiner/	eath (Check only one)		
Á	A D T	2		Home 5 Rasidence	8 □Other (Specify)	
Siort	or: After the	Certification:	27. Magner of Death 1 Natural 5 Pending 2 Accidant Investigation 3 Sulcida 6 Could not be	28d. Describe how Inju	iry occurred	
<u>N</u>	Ital or Att	Certifi	3 ☐ Sulcida 6 ☐ Could not be detarmined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)	28f. Location (Street a City or Town, Stel	nd Number or Rural Route Number, te)	
	To the Hospital within 24 hours To the Funeral completely fine	Medical	29a. Certifler (Check only one) 1 Certiflying Physician: To the best of my knowledga, death occurred at the time, date and place (Check only one) 2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place (Check only one)	curred at the time, date an	d place, and due to the cause(s)	
	5 1 × 1 × 1	-	29b, Signature and title of certifier 29c. License number		ate signed (Month, Day, Year)	
	10	Į	Trunita 7. Carler, MD P09728	8/	19/96	
((UA		Trunta T. Carter 10 P09728 30. Name and address of person who complated cause of death (Item 23a) (Type, Print) KENNITA K. CARTER, M.D. VA HOSPITAL 10 N. C.	Greene st.	Galtimore MD 212	201
	Sta Registr		AUG 1 3 1996			

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEMS: 10b, 10c, 10d, 17, 18, 19b,

State of Maryland / Department of Health and Mental Hygiene

	PEK F.H.	l'I	LM g-738 8/	13/96 t.t		, , , , , , , , , , , , , , , , , , , ,	Cei	tificate	e of	Death		R	leg. No.	30	23020
	Physic /Medi		1. Decedent's Nam STELL	ne (First, Middle, La LA BR	00.1							2. Dete of Dee Month うしんいふて	oth Dey	Yeer 1996	3. Time of Deeth 4.02 an
	Exami		HARBO	, ,,	a street end numb		TER			BAL	TIMO				URG
	Funeral Director		5. Sociel Security N 213-01-57	10	ex	Age (In yrs.	last birthdey) Yrs.	If Undar Months	1 Yaar Deys	If Under Hours	Min.	8. Data of Birth (Month, Day UGUST	8,1996	9. Birth	pieca (State or Foreign Pork
	Maryland -f show	tor	Usual Residence of 10a. Stete Maryland		NE ARUNDEL		y, Town or Lo		BRO	DKLYN F	PARK)				Od. Insida City Limits
	vurs efter death with the Manylan st', or items 23a or 28a-f show Examiner must be notified at	Direc	10e. Street and Nu	imber					225				U.S.		ntry?
Baltimore, Maryland 21215-0020	ours efter de si', or items Examiner m	by Funeral	11. Merital Status 1 ☐ Nevar Man 3 ☐ Widowed	ried 2 Married 4 Divorced	12. Was Decede Armed Force 1 Tyes 24 if Yes, Give Yaar or Dete	es? CXNo	'	Vas Daced fYas, spec l□Yas 2				ify Yas or No- ican, etc.)		ce - Americ ck, White, White	
	filed within 72 hours effer death with the Maryland Hyglene. Ifter than "natural", or ferma 23a or 28a-f show ord, the Medicel. Examiner must be notified at	Completed	(Spec	15. Decedent's Ec cify only highast gra ondery (0-12)	ducation ide completed) College (1-4	or 5+)	(Give	OO NOT us	k dona e retire	during mos	t of workin	g	16b. Kind of E		dustry
	2 9 5 S	To Be C		(First, Middla, Last)	HIGHNEL D	MYTROW tro		<u> </u>	,	18. Mothe	er's Neme	(First, Middle, I	Meiden Surnei	"♥AULI st na	NE PATRICIAN
, Mar	d 2 sh th and 7 Is m trsum			eme/Reletionship (ose Brady,		n in la	19b. Meilir aw 85	3 SOUT	(Street Sh H SH	ORE DR	er or Rural Glen I VE	Route Number Burnie	Md. 2	State, Zip	Code)
imore	(A 60 U			position Cremetion 3 5 5 Other (Specification)		ate a	leca of Dispo ematary, cren ar Hil	netory or of	her pla	ce)			20c. Location Inne Ar	,	
Balt	permit. Page: Department of Important: If is any injury or		21. Signature of Fu	unere Service Licar	isto .		M 2	cculti	y Addre	inerd" tapsc	Y Hom	e of Br ./ Balt	rooklyn imore	Md.,2	1225
Ų,	Physician		23a. Part1. Entar t shock, or hee	tha diseese, of come ort feilure. List only	plications thet causone ceuse on aac	sed the deeth h line.	n. Do not ent	ar tha mode	of dylr	ng, such es	cardiac or	respiratory arr	ast,		Approximete Interval Between Onsat and Death
	/Medical Examiner		Immediete Cause disaasa or condition resulting in death)	on	PNE UMUNIA 19 DAYS Due to (or es a consequence of):									9 DAYS	
	cuted nd transit	Examiner	Sequentielly list co	anditions,	b. AD		CE D		12	HE1	MER	12 [DISEAS	C	
x 68760,	certificate be executed ding physician and ise as the burial-transit	/Medical Ex	Sequentielly list co if eny, leeding to in cause. Enter Unde Cause (Disease or that initiated events resulting in deeth)	S	C	Due to (or	es e conseq	uenca of):						1	

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.

HYPERTENSION

RECURRENT PNEUMONIA

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 DUnknown 1 ☐ Yss 2 ☐ No

24a. Wes an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

28 No 26. Place of Deeth (Check only one)

1 Yas 2 No

25. Wes case referred to medical exeminer? 1 Yes 2 No

1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year)

28b. Time of 28c. injury at Work?

Other: 4 Nursing Home 5 Rasidance 8 Other (Specify) 28d. Describe how injury occurred

1 ☐ Yas 2 ☐ No 28e. Pieca of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a, Certifier

27. Menner of Death

1 ™Naturei

2 Accident 3 Suicide

4 - Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) and manner as stated.

2 Medicat Examinar: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date and plece, and due to the cause(s) end menner stated.

29b. Signeture and title of certifles

5 Pending investigation

6 Could not be determined

29c. License number 882441614-49 29d. Dete signed (Month, Dey, Year)

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

DOMMEN CHERIAN 31. Dete filed (Month, Dey, Year) ...

3001 SOUTH HANDVER ST

State Registrar



Division of Vital Records, P.O. Bo

To the Hospital or Attending Physician: The law requires thet the death within 24 hours after death.

To the Funerel Director: After this certificate has been signed by the etter completely filled in by the funeral director, page 2 should be deteched for tompletely filled in by the funeral director, page 2 should be deteched for the completely filled.

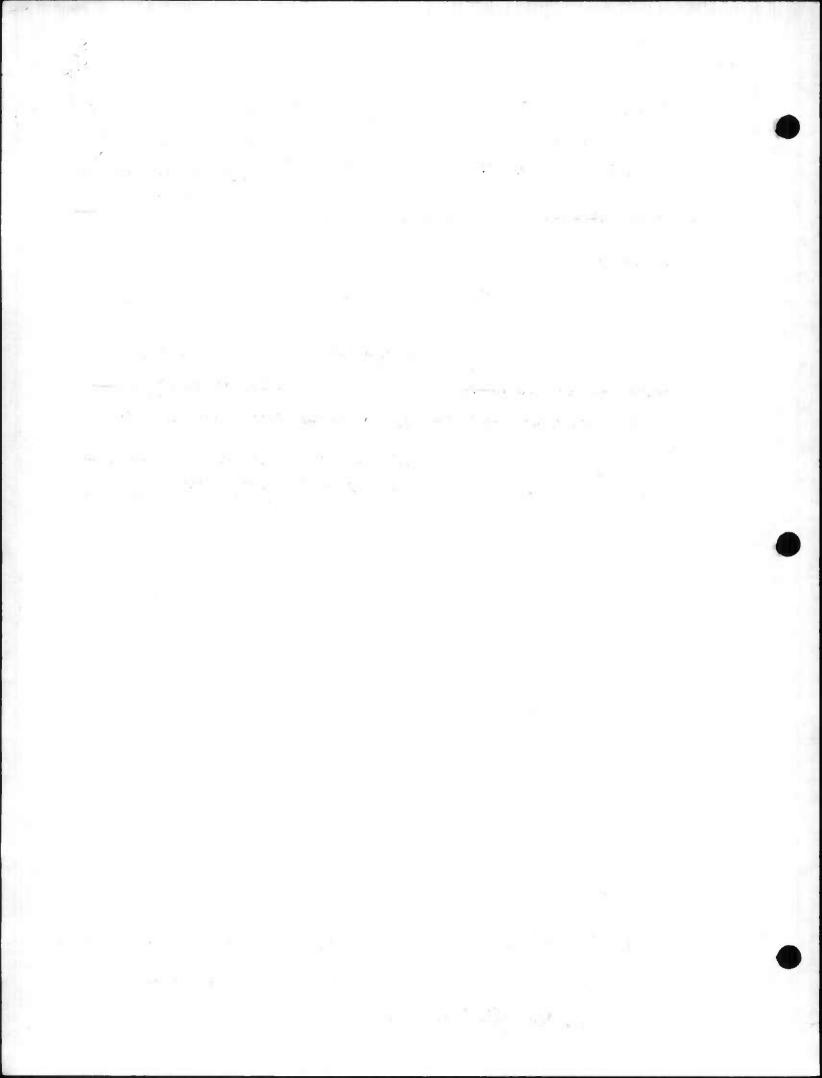
Physicial

by

Completed

Be

Medical Certification: To



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 12. PER F'.H. F'ILM q-738 State of Maryland / Department of Health and Mental Hygiene 8/13/96 t.t Certificate of Death 2. Dete of Deeth 1. Decedent's Neme (First, Middle, Last) 3. Time of Death **Physician** Month Stillman Butler 07:204 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** BALTI MORE
If Under 1 Year If Under 24 Hrs. 8. Dete of Birt HOSPICE RITCHIE BALTIHORE JOSEPH 8. Dete of Birth (Month, Day, Year) JAN, 12, 1949 6. Sex 1 M M 2 ☐ F 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) 5. Social Security Number 216-50-2388 Deys Yrs. Director Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mentel Hygiene. Important: if item 27 is merked other than "natural", or itema 23s or 28s-1 show sup injury or other traumatic svent, the Medical Examiner must be notified at once. 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No BALTIMORE BALTIMORE CIT MARYLAND 10e. Sfreet and Number 10g. Citizen of What Country? 3533 REISTERSTOWN ROAD USA. 12. Wes Decedent Ever in U.S.
Armed Forces?
1Mf Yes 24 to 8-1-68
If Yes, Give
Yeer or Detes: 7-24-70 11. Maritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Never Merried 2 Merried 1□ Yes 2ĂNo Baltimore, Maryland 21215-0020 Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) STEEL WORKER 17. Father's Neme (First, Middle, Last) BUTLER 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) 28/0 WINCHESTER ST., BALTIMORE, MD. 2/2,16
see of Disposition (Name of Dete 20c. Location: City or Town, State ALICIA HUMPHRIES 20b. Plece of Disposition (Neme of cametery, crematory or other piece) 20e. Method of Disposition 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 8-12-96 OWINGS MILLS, MD. 4 ☐ Donetion 5 ☐ Other (Specify) GARRISON FOREST 21. Signature of Funeral Service Licensee JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 2140 N. FULTON AVE., BALTIMORE, MD. 21217

23a. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raspiratory arrest,

Approximate

Approximate Approximata Interval Between Onset and Deeth **Physician** /Medical immediate Cause (Final Mycobaderium 1 year diseese or condition resulting in deeth) Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last pue physician Physician/Medical 8 Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ğ 24b. Ware autopsy findings available prior to completion of cause of death? Completed 24a. Was an sutopsy performed? 1 Yea 2No 1 Yes 2 No Division of Vital 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) Other: 4 | Nursing Home 5 | Residence 6 (Specify) HOS 101 CE 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 26d. Describe how injury occurred 26e. Dete of Injury (Month, Dey Year) 26b. Time of 28c. Injury at Work? Certification: 5 Pending 1 Naturel 1 Yea 2 No investigetion 2 Accident or Attend after deat Director: 6 Could not be detarmined 3 Suicide 26f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledga, daath occurred at tha time, date and piece, end due to the cause(s) and mannar as stated.

2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred at the time, data and piece, and due to the cause(s) end menner stated. 29a. Cartifiar (Check only one) 29b. Signeture end title of certifian 29c. License number 29d. Dete signed (Month, Day, Year)

14383

Voseph Richer Hospice Balto 17d 21201

State Registrar Harold

31. Dete filed (Month, Dey, Year) -

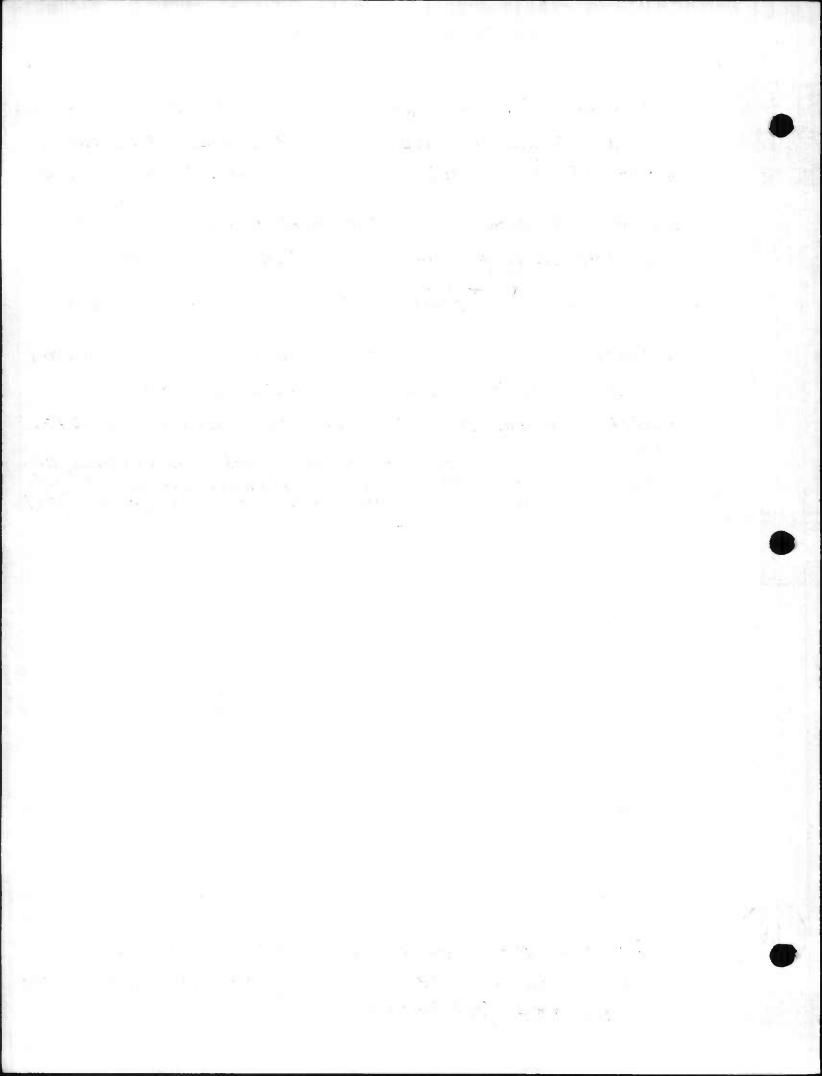
30. Name and address of person who completed cause of deett (Item 23e) (Type, Print)

a Standiford

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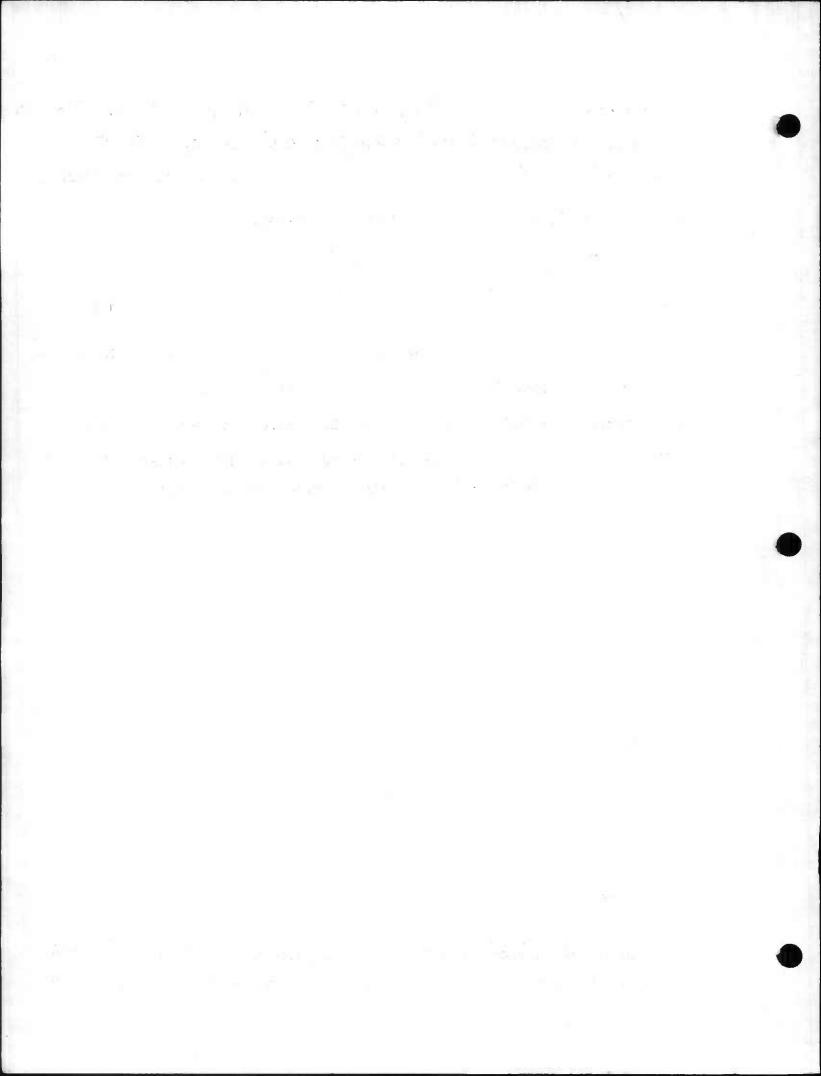
32. Registrar's Signature

DHMH 16 Rsv 6/95



State of Maryland / Department of Health and Mental Hygiene 96 23828

						Certificate of	of Death		Reg. No.				
	Discort.		1. Decedent's Nema (First, Middle, L.	ast)	0			2. Dete of D	eeth	3. Tima of Deeth			
ı	Physic /Medi		Erma	L	130	rughm	an	Aug	15+Dey 5,	1996 8:45 Pn			
	Examir		4e. Facility Nama (If not institution, gi		3001	S. Hanove	4b. City, Town, or		th 4c. County	of Death TIMORE			
-	Company		5. Social Security Number 6.	Hospital Sex 7. Age	(In yrs. last bit	rthday) If Under 1 Ya				9. Birthplace (State or Foraign			
	Funeral Director			A SECTION AND ADDRESS OF THE PARTY OF THE PA		Yrs. Months Da			Dey, Year)	West Virginia			
	yland		10a. Steta 10b. County		10c. City, Tow	n or Location				10d. Inside City Limits			
	Sa-f st	Director	Maryland Balti	nore	В	altimore	(Lansdo	wne)		1 ☐ Yas 2X No			
	with th		10e. Street end Number 3173 Bero Ro	ad.		10f. Zip Cod	16 21227		10g. Citizen of W	/hat Country?			
	me 2;	Funeral	11. Marital Status	12. Wes Decedant E	var in U,S.		of Hispenic Origin? (Suben, Mexican, Pue	Specify Yes or N		e - Amarican Indian,			
020	Juithin 72 hours after death with the Manyand jiene. I than "natural", or ltems 23s or 28s-f show the Medical Examiner must be notified at the Medical Examiner must be notified at	by	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yes XXX N If Yes, Give Yeer or Detes:	0	it Yes, specify C		orto Rican, etc.)	Specify:	k, White, etc. White			
2-0	72 ho	Completed	15. Decedent's E (Specify only highest or	ducation ade completed)	18e	Decedent's Usuel Oc (Giva kind of work do life. DO NOT use re	cupation	orkina	16b. Kind of Bu	siness/Industry			
121	within ene.	mpi	Elementery/Secondery (0-12)	College (1-4or 5-	-)				Lagla T	navilatas Tari			
d 2	事長者兵		3 17. Fathar's Name (First, Middle, Las	0	Г	actory Worl		eme (First, Middl	LOCKE I	nsulator, Inc.			
Maryland 21215-0020	D = D =	To Be	Warren	Connelly			Elsie		bbins	~			
lan	d 2 should th and Mer 7 is marks traumatic	-	19e. Intorment's Neme/Reletionship			o. Meiling Address (Str	eet and Number or F	Rural Route Num	ber, City or Town,	Stete, Zip Code)			
	and matth		Mrs. Genevie E.	Smith-DAUGH		3173 Bero 1				21227			
Baltimore,	Pages nent of H ent: If Ne nry or of		20e. Method of Disposition 1) □ Guriel 2 □ Cremetion 3 [cemete	f Disposition (Name of ry, crematory or other	plece)	Dete		City or Town, Stete			
Ħ	F 6 3		Donetion 5 Other (Special Service Lice	nsee Variable	Ceuar	Hill Ceme		3, 1990	Baitimo	re, Maryland			
ä	permit. Depart Import any inj sns inj		16	Kevin E.	Ecker	McCully	Funeral H	Home of	Brooklyn	Md 01005 1056			
		П	23a. Pert L Enter tha disease, or con shock, or heert teilure. List only	nplications that caused	the deeth. Do					Md. 21225-1856 Approximate interval Between			
	Physician		shook, or neer tenure. List only	One cease on each inte						Onset and Death			
7	/Medical Examiner		immedieta Causa (Finel disease or condition	. SA	20515					7days			
		er	resulting In deeth) Due to (or es a consequence of): AC Vte Renal Fail vre										
	nd ransit	Examiner	Sequentially list conditions.			consequence of):	111000			7days			
68760,	rsician a	edical Ex	Sequentielly list conditions, if any, leeding to immadiate cause. Enter Underlying Ceuse (Disease or Injury that initieted events	0.	evmo	On I Co				7 days			
Box 68	eath certificate be syndred attending physician and for use as the burial-transit	2	resulting in deeth) Last	-		netrial	Cancer			ykhown			
m	death e atter	icia	Pert ii. Other significant conditions	contributing to death but	not resulting i	n the underlying causa	given in Pert i	23b. Die	d tobacco usa con	ntributa to the cause of death?			
P.O.	the top	Physician/		or the state of th	. Hot rooming i	in the anabitying educa	growth total			3 Probably 4 Unknown			
	8 6 8	by						-					
Ö	been should	eted						24e. We	s en eutopsy formed?	24b. Were sutopsy tindings eveileble prior to completion of cause			
Vital Records,	S 50	Completed							W H.	of death?			
ā		0	25. Wes case reterred to medical				26 Place of D	eeth (Check only	Yes 212 No	1 □ Yas 2 ☑ No			
Ž	Physician: r this certific aral director,	ToB	examinar?	Hospitei:	t 2 ER/O	utpatient 3 DOA	Other:		sidence 8 Othe	er (Specify)			
on of	Afte fund		27. Menner of Deeth 1 Neturei 5 Pending 2 Accident investigetion	28a. Dete of Injury (Month, Day	Year) 28b.		njury et Work? 1 □ Yes 2 □ No	28d. Dascribe	how injury occurr	ed			
Division	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	Certification:	3 Sulcide 8 Could not be determined		ry - At home, ta (Specify)	arm, street, fectory, offi	ce	28t. Location City or To	(Street and Number own, Stete)	er or Rural Route Number,			
	Hospital 24 hours a Funeral E		29e, Certifier 1/D Certifying Pi	nysician: To the best of	my knowledge	death accurred at the	e time, dete end nie	ne and due to the	e cause(s) and ma	nner es stated			
	To the Hospital or within 24 hours afte To the Funeral Dirt completely filled in	edicai		miner: On the basis of and manner stet	examinetion en	d/or investigation, in m	ly opinion, deeth occ	curred et the time	e, dete end piece, a	and due to the cause(s)			
	vithin To the comple	ž	29b. Signetura and title of certifier	1 25		29c. Lic	ensa number			d (Month, Day, Year)			
	,		James Ho	rodyslie	1 his.	AS	244161	6	Augus	t 5,1996			
	6		30. Neme and eddress of person who	completed cause of de	eth (item 23a)	(Type, Print)	5. Ha	nover	St N	t 5,1996			
	Sta		31. Dete tiled (Month, Day, Yeer)	32. Begistre	s Signature	2							
	Registr	ar	AUG 1 3 1996	a land	- Marting	75							



State of Maryland / Department of Health and Mental Hygiene

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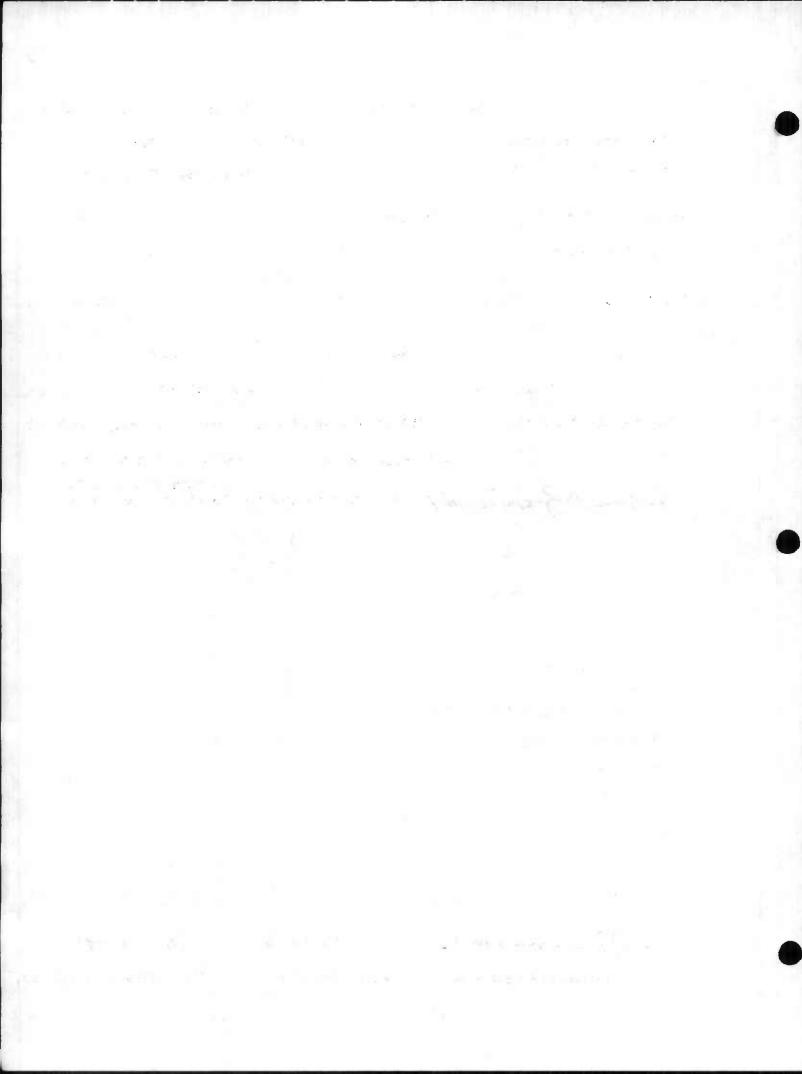
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					Certificate of	of Death	Re	g. No.		
Physici	an	1. Decedant's Name (First, Middla,					2. Data of Death	h Day	Year	3. Tima of Death
/Media			Doro	othy A.	Bennett		August		96	5:30 P.M
Examir		4a. Facility Name (If not institution,	giva street and num t	ber)		4b. City, Town, or L	ocation of Death	4c. County	of Death	
		4605 Virginia	Avenue			Baltimore	е	N/	'A	
Funeral Director		216 24 8859	5. Sex 7 1 □ M 2 💢 F	. Age (In yrs. last	birthday) If Under 1 Ye Yrs. Months Da	ear If Under 24 Hrs. lys Hours Min.	8. Date of Birth (Month, Day, Sept. 2	Year) 8,1927	9. Birthplac Country Georg	ca (Stata or Foraign y) gia
put		Usual Residence of Decedent 10a. State 10b. County		10c City T	own or Location				100	d to did to the the
death with the Maryland	tor	Maryland N/A			imore				100	d. Inside City Limits 1 X Yas 2 □ No
28a	rec	10e. Straet and Numbar			10f. Zip Cod	la	10	Og. Citizan of V	Vhat Country	v?
23a or	al D	4605 Virginia	Avenue		21	225		U.S		1.1.1
or ite	by Funeral Director	11. Marital Status 1 Never Married 2 Marrie 3 X-Widowed 4 Divorced	12. Was Deced Armed Force 1 Yas 2 If Yas, Giva Year or Date	as? XNo	13. Was Dacedant If Yas, specify C	of Hispanic Origin? (Sp Cuban, Maxican, Puerto No Specify:	pecify Yes or No- Rican, atc.)		e - Amarican ck, Whita, ato Wh:	
72 hours "netural",	Completed	15. Decedant's (Specify only highast	Education grada completed)	1	Sa. Decedant's Usual Oc (Giva kind of work do	cupation ona during most of work tired)	dng	16b. Kind ol Bu	isinass/Indu	stry
d within jiene. r than	idm	Elamantary/Secondary (0-12)	College (1-4	lor 5+)	Sales Clei			Donatai		
73 Ton by 866	ပိ	12th 17. Fathar's Nama (First, Middle, Le	est)		Sales Clei		a (First, Middla, N	Epstei		
iges 1 and 2 should be filed it of Health and Mental Hyg If Item 27 is marked othe or other traumatic event,	o Be		Thurman	Hart				ruett	9,	
Should Me	2	19a. Informant's Name/Ralationship			9b. Mailing Addrass (Str				State Zin C	(oda)
Ith er		Max Bennett Jr			714 North E					
Hear tem other	1	20a. Mathod of Disposition	- / 5011	20b. Place	of Disposition (Nama of	f		20c. Location -		and 21221
permit. Pages 1 end 2 Department of Health e Important: If Item 27 Is any Injury or other tra		1 ☐ Burlal 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spa		ata	tary, cramatory or other		3/13/96	Paltim	oro N	Maryland
permit. Pa Departmen Important: any Injury	-	21. Signatu of Funaral Sarvica Lie		Ceda	r Hill Ceme 22. Nama and Ad					
Depa Impo any Ir		1/1/2 5mi	7 -	- 1			Gonce Fi			
		23a Part1. Enter the disease, or o	polications that cau	Isad the death T	4001 Rite	chie Highwa	ay Balti	lmore,		
Physician		23a. Part1. Entar the disaase, or shock, or haart failura.	y ona causa on aac	h line.	o viol aritar the mose of	dynig, oddir ad dardiad	or respiratory and	101,	Îr	opproximata ntarval Between Onset and Death
/Medical		Immediate Causa (Final disaasa or condition	C	0 · P.1					1	OYR1.
Examiner		rasulting in death)	a		a consequenca of):			-	0	10 dry 2
	ner		6-11		BRONCHI	716				
cutex	Examiner	Sequentially list conditions.	b		a consequanca ol):	112				
an al	Ä	Sequentially list conditions, if any, leading to Immadiata causa. Entar Underlying Causa (Disease or Injury that Initiatad avants								
death certificate be executed e attending physician and ed for use as the buriel-transit	edicai	that Initiated avants rasulting in death) Last	C	Dua to (or as	a consequanca of):					
E 0 6	≥	Table of the same								
th ce	an		d							
e des	Physician/	Part II. Other significant conditions	contributing to deat	th but not rasulting	In the underlying cause	givan in Part I.	23b. Dld tol	bacco uaa cor	tributa to th	he cause of death?
es that the death cer igned by the attendin be detached for use		CERVICI	AL CA	HRCIN	OMA.		1 □ Ye	8 2 No	3 Probab	bly 4 Unknown
requires that the been signed by the should be detache	Completed by	DURSAL SE RADIATIO	INE	COMPR	HO122	PRACTURE	24a. Was ar perform	n autopsy ned?	avalla	a autopsy findings abla prior to plation of causa
The lew ate hes b page 2 s	dmo	RADIATIO	N Co	LITIS				. arth	of de	ath?
E # 8		25. Was casa rafarred to medical					1 L Ya		1 D Y	ras 200 No
: E	Ψ	25. was casa ratarred to medical axaminar?	Hospitai:			Other	h (Check only ons			
elcian: The certificate irector, pag	Be		1 Inc		Julpatient 3LI DOA	4 LI Nursing Ho	oma 52 Rasidar 28d. Dascribe ho			
Physician: this certific ral director,	2	1 ☐ Yes 2 ☑ No	-	Iniury 28t	. I Ime of 28c. If			. injury coodii	00	
Physician: this certific ral director,	2	1 ☐ Yes 2 ☑ No 27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Data of (Month,	Day Year) 28t	Time of 28c. In 28c. In 1					
Physician: this certific ral director,	2	1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending 2 Accidant Invastigat 3 Suicida 6 Could no	28a. Data of (Month,	Injury - At homa,		Yas 2 No	281. Location (Str	aat and Numb	er or Rural R	Routa Number,
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Physician: this certific ral director,	ledical Certification: To	1 Yes 2 No 27. Manner of Death 1 Natural 2 Accidant 3 Suicida 4 Homicida 29s. Certifiar (Check only one) 29b. Signature and title of certifier	28a. Data of (Month, be added) 28a. Place of building Physician: To tha beaminer: On tha basi and manner	Injury - At homa, , atc. (Spacify) est of my knowled s of axamination or stated.	M 1 Jarm, straat, Jactory, offi ge, death occurred at the and/or Investigation, In m 29c. Lice	Para 2 No ce etime, date and placa, ny opinion, daath occur ansa number	and dua to tha cared at the tima, da	use(s) and ma ita and placa, a	nnar as state and due to th	ed. ne cause(s) ny, Year)
Attending Physician: or death. ector: After this certific by the funeral director.	ledical Certification: To	1 Yes 2 No 27. Manner of Death 1 Natural 2 Accidant 3 Suicida 4 Homicida 29s. Certifiar (Check only one) 29b. Signature and title of certifier	28a. Data of (Month, be ad 28a. Place of building) Physician: To the bearminer: On the basi	Injury - At homa, , atc. (Spacify) est of my knowled s of axamination or stated.	M 1 Jarm, straat, Jactory, offi ge, death occurred at the and/or Investigation, In m 29c. Lice	Yas 2 No	and dua to tha cared at the tima, da	use(s) and ma	nnar as state and due to th	ed. ne cause(s) ny, Year)

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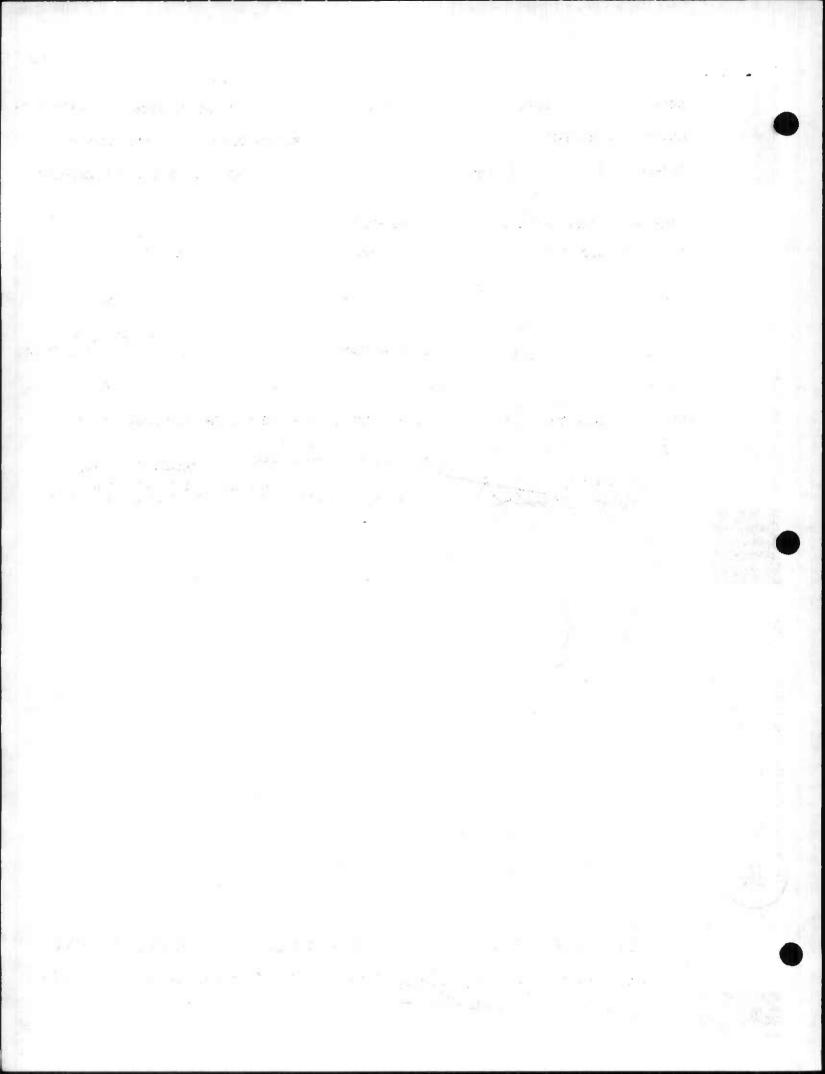
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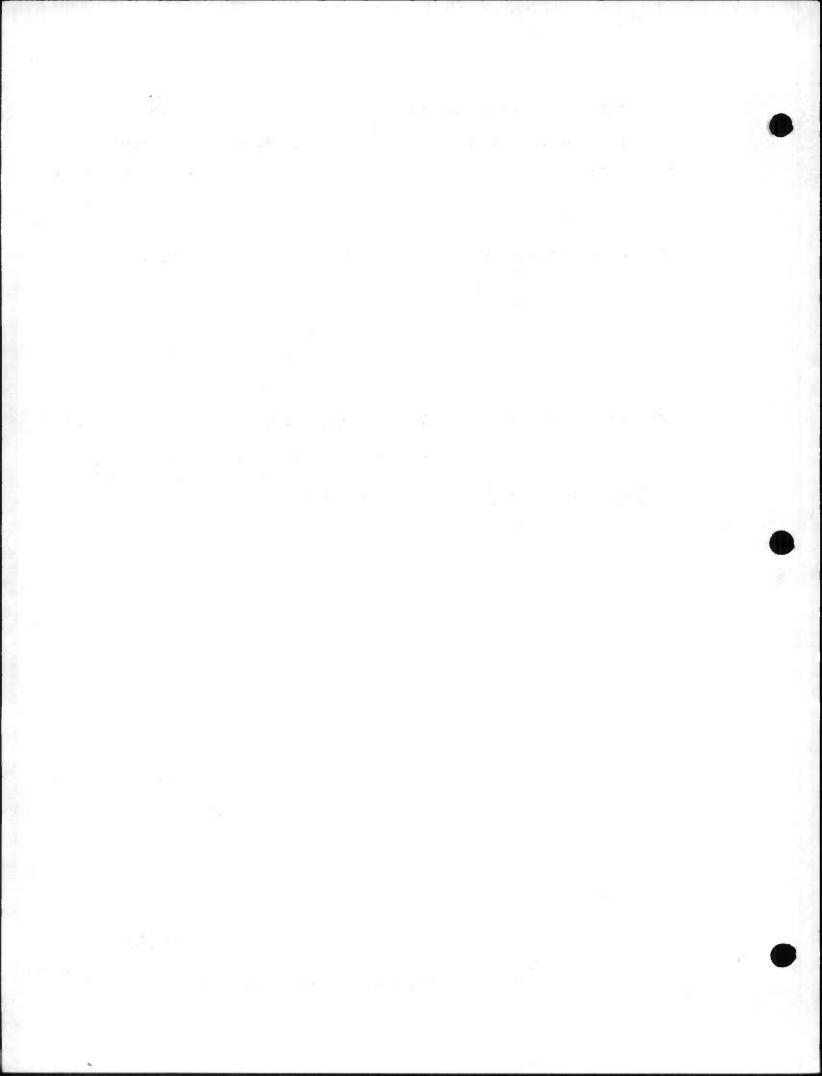
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	-	4				Ce	ertificate of	Death		F	Reg. No.		78 F T
	Physic /Medi		Decedent's Neme (First, Middle LENA	, Last) WALL			BOYLES	00		2. Dete of Dee Month		Yeer 96	3. Time of Deeth 9:30 P.N
	Exami		4e. Fecility Neme (If not institution, GENSIS ELDER CA		umber)			•		PARK	4c. Count	y of Deeth	RUNDEL
	Funeral Director		243-30-0715	6. Sex 1 □ M 2 ★F	7. Age 85	(In yrs. last birthday Yrs.	if Under 1 Yea Months Deys		24 Hrs. Min.	8. Dete of Birth (Month, Day MAY 11			plece (State or Foreign ntry) H CAROLINA
	72 hours after death with the Maryland natural, or liams 23e or 28a-f show olds. Examiner must be notified at	I Director	Usuel Residence of Decedent 10a. State 10b. County MARYLAND ANNE 10e. Street end Number 1081 FOXCROFT R	ARUNDEL UN		10c. City, Town or L	APOLIS 10f. Zip Code 21401				10g. Citizen of U.S.A	Whet Cou	10d. Inside City Limits 1 ☐ Yes 2√☐ No ntry?
020	ours after death reif, or items 2: Exerciber mus	by Funeral	11. Maritel Status 1 □ Never Merried 2 □ Marrie 3 ☒ Widowed 4 □ Divorced	12. Was Dec Armed F 1 Yes If Yes, G Year or I	orces? 2 X No ive	211	Wes Decedent of If Yes, specify Cult	ben, Mexican,	oln? (Spe , Puerto l	ecify Yes or No- Rican, etc.)	Ble	ce - Americ ock, White, fy: WH	
121215-0020	d within grane. r than	Completed	15. Decedent' (Specify only highest Elementery/Secondery (0-12) 1 2	completed,	_	(Give	edent's Usuel Occu e kind of work done DO NOT use retin CE CLERK	upetion e during most ed)	of worki		NORTH	CARC	
Maryland	d a b	To Be	17. Father's Neme (First, Middle, L JAMES	ast)		WALL		18. Mother		(First, Middle,	Maiden Sumei	me) EAI	RP
	alth a 27 is 27 is or trav		19e. Informent's Neme/Reletionsh RODNEY D. BOYET				FOXCROF!						
Baltimore,	of of		20e. Method of Disposition 1X Burial 2 Cremetion 4 Donetion 5 Other (Sp.	ecify)	State	OAK BAPT	IST CHUR	CH CEMI	ETER	Poete N 11/96 Y	20c. Location		DOM, State
Bal	pemit. Pag Department Important: any injury once		21. Signature of Funerar Service L	Doe	大		SECOND		SI	NGLETON W., GLE			
	Physician /Medical Examiner	ner	immediate Ceuse (Final disease or condition resulting in death)	e.	DE	MENT	A	my, such es c	ardiac o	r respiretory en	est,		Approximate interval Between Onset end Deeth
Box 68760,	h certificata be axecuted ending physician and r usa as tha burial-transit	an/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	б с		ue to (or es e conse							
P.O.	v requires that the death or been signed by the attent should be detached for ur	by Physician	Pert II. Other significant condition ALT ELO S						L		obacco use co	ontribute to	o the cause of death? bebly 4 🖂 thknown
Division of Vital Records,	law requires as been sign a 2 should be	Completed b	ALTERIOS POLY MYA				TIRA	ASE		24e. Wes e	en eutopsy med?	av	ere eutopsy findings allable prior to mpletion of cause deeth?
ital Re	Tha ate h page	Be Com	ATLIAL A 25. Wes case referred to medical	BLICE	AZ	(0 N		26. Plece	of Deeth	1 □ Y			Yes 2□ No
2	yslc is ca direc	To	exeminer? 1 ☐ Yes 2 ☐ No	Hospitel: 1 🗆	Inpatient	2 ER/Outpetie	nt 3 DOA Ot	ther: 4 Nur	sina Hon	ne 5 Resid	ence 6 DOtt	ner (Specif	v)
ion o	nding Physician: ath. r; Aftar this carificate funeral director.		27. Menne of Deeth 1 Neture! 5 Pending 2 Accident investiga	tion	of Injury oth, Day	(ear) 28b. Time of Injury	Wo		2	28d. Describe h			
DIVIS	A A	Certification:	3 Sulcide 6 Could no determin	28e. Plece build	of Injury ing, etc.	/ - At home, farm, st (Specify)	reet, factory, office		2	28f. Location (S City or Town	treet and Numi n, State)	ber or Aura	Il Route Number,
\	the Vosp hin 28 hou the Puner npieter is	ledical	one)	Physician: To the caminer: On the b end men	asis of ea	ny knowledge, deet xeminetion end/or in d.	h occurred at the ti vestigation, in my	ime, dete end opinion, deeth	plece, e occurre	and due to the co	euse(s) end m lete end plece,	anner as st and due to	teted. the ceuse(s)
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_	20		- (11	VDRA_	MI	1600		NHI	YW	GUE	NSUR	NIG	21661
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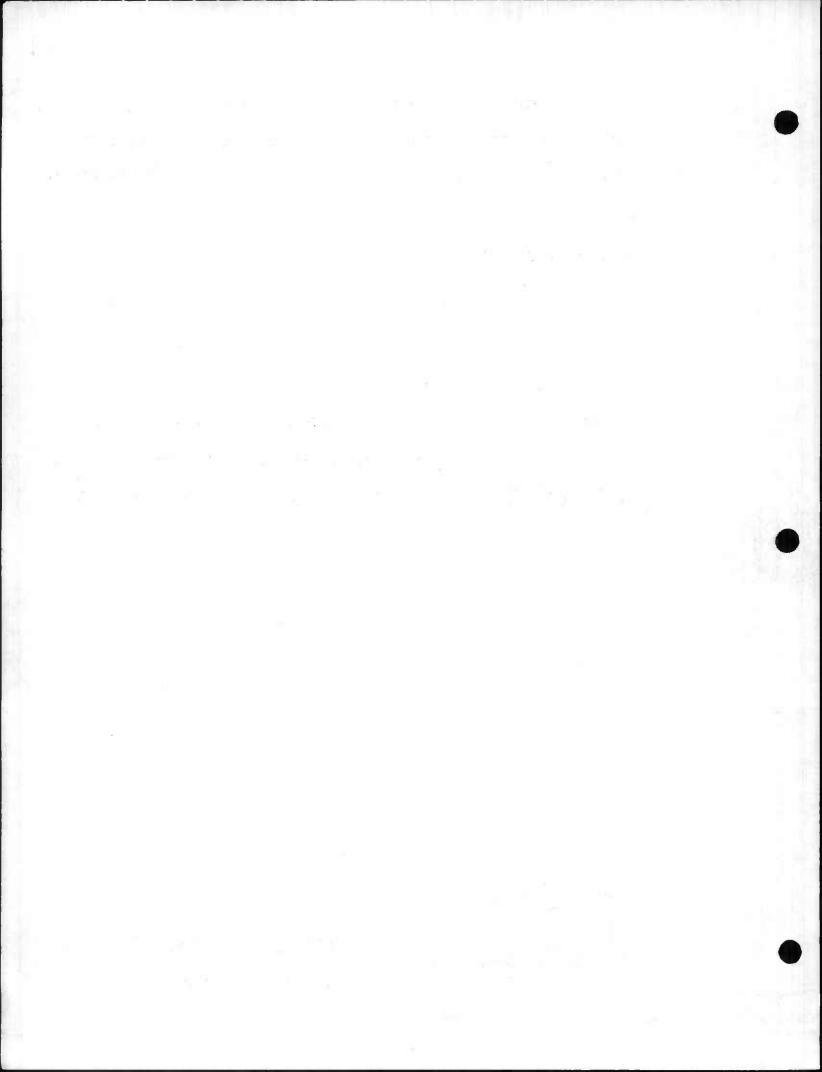


State of Maryland / Department of Health and Mental Hygiene 96 23832

					Ce	rtificate	of Death	7	F	leg. No.		
		1. Decedent'a Name (First, Middle	, Last)						2. Date of Dea	th		3. Time of Death
_	sicia	Hrancoc I	ouise B	uckino	tham				Month Aug. (Day 19	Year Q 6	2:40 8.
	ledica amine	4- 65- 1874 54 656 44 19 19			JIICIII		4b. City, T	own, or Lo	cation of Death		nty of Death	
LAC	1111111C	5500 Cabbage						Air			rroll	
Fune	nol.	5. Social Security Number	6. Sex	7. Age (In yrs	last birthday)	If Under 1 Y		r 24 Hrs.			1	place (State or Foreign
Direc		214-14-6708	10 M 20 F	76	Yrs.		ays Hours		8. Date of Birth (Month, Day	Year)	Cou	ntry)
		Usuai Residence of Decedent	21	70					Mar. 2	.0, 1	920	Maryland
d 21215-0020 filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or flema 23a or 28a-f show	=	10a. State 10b. County		10c. C	ity, Town or Lo	ocation						10d. tnside City Limits
Mary 4 sh		MD Carr	011		N# 7	4						1 Yes 2 No
the 28	TO I	10e. Street and Number	011		Mt. A	10f. Zip Co	de			l0g. Citizen (of Mines Cou	X X
with	i	5 5500 Cabbage	Conto	D 3								ntry r
a 23		5500 Cabbage				217				U.S		
ar de		MD Carr 10e. Street and Number 5500 Cabbage 11. Marital Status 1 Never Married 2 Marrie	Armed F		J,S. 13.	Was Decedent if Yes, specify (of Hispanic O Cuban, Mexica	rigin? (Spe an, Puerto I	ecify Yes or No- Rican, etc.)		lace - Ameri lack, White,	
S # 8			If Yes, G			1 Yes 2 3	No Specify	r:		Spe	cify: wh	ito
OO Jone		3 Widowed 4 Divorced	Year or I	Dates:		- 4	, , , ,					ire
21215-0020 d within 72 hours aff piene. r than "netural", or		(Specify only highes Elementary/Secondary (0-12)	s Education I grade completed,)	(Give	dent's Usual O kind of work d	one during mo	st of worki	ina	16b, Kind of	Business/ir	dustry
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D SET		17. Fether's Name (First, Middle, L	•						(First, Middle,			
arylan should be nd Mental marked o		Olin Frankl	in				N	aomi	Louis	e Ko	ontz	
E SEE		19e. tnformant'a Name/Relationsh			19b. Meili	ng Address (St	reet and Numb	ber or Rura	i Route Numbe	r, City or Tov	vn, State, Zi	Code)
t and 2 Health a		Glenda Harr	is daug	hter	5500	Cabba	ige Sp	ring	Rd. M	It. A:	iry M	D 21771
or 1 and of Health Health	5	20a. Method of Disposition		20b.	Place of Dispo	sition (Name o	f		Date	20c. Locatio	n - City or T	own, State
Pages 1 at nent of Hear int: If item	5	1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp						ica	8/7/96	Hamr	net on	d MD
a mir.		21. Signature of Funeral Service L							ight F			
Baltimo permit. Page Department of Important: If i	9	1 4/as v.	Thirt	r	-				ykesvi			
		Harry W.	Hough								MD ZI	784
		23a. Part1. Enter the disease, or o shock, or heart failure. List of	complication that	caused the dea each line.	th. Do not ent	er the mode of	dying, auch as	s cardiac o	or respiratory arr	est,		Approximate Intervai Between
Physici	_	V										Onset and Death
/Medic	_	Immediate Cause (Final disease or condition	- and	540	41	COP	D					Lugar
Examir		resulting in death)	a. 12/11/05		or as a consec							
D 3				Contract of								
60, be executed Siclan and	a cimey	Sequentially ilst conditions,	b. ———	Due to (or as a consec	quence of):					1	
0 0												
0 00	ieoipe	Cause (Disease or Injury that initiated events	C	Due to (or as a conseq	uence of):						
ONE I	3	resulting in death) Lasf				, ,						
o s	MA		d									
es that the death c	Dhveician	Part II. Other significant condition	e contribution to d	leath but not rea	tuiting in the tr	ndadulna anua	a chean In Dard	•	02h Dide		a a mérilhusta é	a the annual of death D
O # # #	2	h raith. Other significant condition	s contributing to a	eath but not res	sulting in the u	nderiying cause	e given in Pan	ι,				o the cause of death?
Ords, P.O. requires that the een signed by the bound by defends	ā								1 1	es 2□ No	3 ☐ Pro	bebly 4 Unknown
Hecords, le law requires th has been signe									Ode Wee		245 W	ere autopsy findings
COTO require been sign									24a. Was a perform		48	allable prior to
Hec elaw has b												death?
ate he step									1 Y	95 2 XNO	11	Yes 200 No
ystclen: The scentificate director page	Be	25. Wes case referred to medical					28. Plac	e of Deeth	(Check only or	19)		
	P	1 Yes 2 No	Hospital:	Inpatient 2	ER/Outpatier	of 3 DOA	Other: 4 N	ursing Hon	ne 5 Reside	ence 8 🗆 C	Other (Special	(v)
g Physical of	Ė		28a. Date	of Injury oth, Day Year)	28b. Time of	28c.	Injury af Work?	2	28d. Describe h	ow Injury occ	urred	
nding I	atio	1 Natural 5 ☐ Pending 2 ☐ Accident Investiga		un, Day rear	tnjury		1 Yes 2	No				
or Attending after death. Director: After tine tine	5	3 Sulcide 6 Could no determin	ed Zoe. Flace	of Injury - At h	ome, farm, atr	eet, factory, off	ice	2			mber or Run	al Route Number,
D Parts	Cartification.	4 Homicide	build	ing, etc. (Special	(y)				City or Town	n, State)		
spits ours weal	2		Physician: To the	best of my kno	wiedoe death	occurred at th	e fime date a	nd place a	and due to the c	bne (s)eaus	mannar es e	tated
Hos 24 h	Polical	(Check only 2 Medical E	xaminer: On the b	asis of examina	ition and/or in	vestigation, in n	ny opinion, de	ath occurre	ed at the time, d	ate and piac	e, and due t	o the cause(s)
UNISION To the Hospital or Attandin within 24 hours after death. To the Funeral Director: Aft completely illed in by the fun	Z	29b. Signature and title of certifier	and man			29c. Lir	ense number		2	9d. Date alg	ned /Month	Day, Year)
FREG							INITIA CONTRACTOR A PA			- 1	10	
		Down	myers				1) 9900	14		011	115	
10	1	30. Name and address of person w	ho completed caus	se of death (iter	n 23a) (Type,	Print)	^	1 -	4		4.	10 ST(2)
U		Who Myer	s, m.	0 29	15 54	mer	Her	W	estm	17 24	ern	W
	State	31. Date filed (Month, Day, Year)	126	Register's Sign	Banda	2						
Reg	istrar	AUG 13 1996	(V	INCOMPANY.								



								Cer	tificate of	Deatl	h		Reg.	No.		
	Observato	1a	1. Decedent's Name (First, A	fiddle, Li	ast)							2. Date of De	eath		Vene	3. Time of Death
J	Physic /Medi			MI	LTON		BOCH	ES				AUG.	7	Day	Year 996	8:50 AM
	Exami		4a. Facility Name (If not instit	ution, gi	ve straat and nui	nber)				4b. City, T	Town, or L	ocation of Daar	-	4c. County		
1			3307 J	ANEL	LEN DRI	VE	2120	8		E	BALTI	MORE		B	ALTIN	ORE
П	Funeral	Г	5. Social Security Number		Sex	7. Age (In y	rs. last birth	day)	If Under 1 Yaar Months Days		or 24 Hrs. Min.	8. Date of Bi (Month, D	rth	er)	9. Birthp	place (State or Foreign
	Director		030-18-4405 Usual Rasidanca of Decedar		1 X M 2□ F	68	B Yr	S.	Working Days	110013	ivill).	DEC.]	15,	1927	MASS	SACHUSETTES
	show show		10a. State 10b. Co	unty		10c.	City, Town	or Loc	cation						1	Od. Inside City Limits
	Mark Mark	ctor	MD	BA	LTIMORE				BALTIM	ORE						1 ☐ Yes 💥 XNo
	with the Maryland a or 28a-f show Lbs notified at	Director	10e. Street and Number						10f. Zip Code				10g.	Citizan of V	What Cour	ntry?
	23a Marth		3307 J	ANEL	LEN DRI	VE				212	208		Ţ	J.S.A	•	
	hems hems	Funeral	11. Marital Status		12. Was Deca Armed Fo	rces?		13. V	Vas Decedent of Yas, specify Cut	Hispanic O	rigin? (Sp	ecify Yes or No Rican, atc.)	0-		a - Amario	ean Indian,
20	8 88	by F	1 Never Married 2		II TOS, GIV	2□No N	AVY		☐ Yes 2 No			X 6= 11 -		Specify	,	
8	2 5 1		3 Widowed 4 Divo		Yaar or Da	ates: WW.									WIT	HITE
5	ST THE SERVICE OF THE	Completed	15. Dece (Specify only hi				(0	Give I	ant's Usual Occu kind of work done OO NOT use retire	during mo	st of work	ing	16b.	Kind of Bu	usiness/in	dustry
72	f within pons. Then the Me	E de	Elamantary/Secondary (0-1	2)	College (1	-4or 5+)	"	ia. D	MANUFA		ZD			SHOES		
P	事事		17. Father's Name (First, Mid	dla, Last					TIMINOL	T		e (First, Middle			(a)	
lan	fental feetal feetal fe eve	To Be		MC	RRIS		ВОСН	FC				RUTH		BRENN		
Maryland 21215-0020	od by and and and and and and and and and and	-	19a. Informant's Name/Ralat						g Address (Stree	t and Numi	ber or Run					(Code)
	and 2 selfth a n 27 is ser tras		NAOMI BOCHE						JANELLEN			BALTIMO		0.00	2120	
re,	- F E E		20a. Mathod of Disposition			20	b. Placa of D	ispos	sition (Name of patory or other pla		_	Date		Location -		
Ë	Pages nent of I net: If the ary or o		1 Burial 2 ☐ Cremati 4 ☐ Donation 5 ☐ Othe								TCON	0 /0 /0/		V.T.N.C	C MTI	T.C. MD
Baltimore,	and the state of t		21. Signature of Funaral Sen		• •	M	D VET		METERY - Name and Addr.			l Levir				
œ	SOLES		100	5	1		_	Ω	900 Reis	toret						
	THE		23a Part Enter the disease shock or heart fullure.	, or com	plications that co	bead tha de	eath. Do not							24111	-/ 111	Approximate Interval Batween
Box 68760,	aath certificate be axecuted a stranding physician end ifor use es the bunal-transit	an/Medical Examiner	Immediata Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last	{	a. CAP b. COR c.	Dua to	o (or as a con	nsequ	WESOE:	Dis	1 EASI	5				
0.	0 00	Physician	Part II. Other significant cond	ditions c	ontributing to de	ath but not r	resulting In th	e un	derlying causa gi	ven in Part	1.	23b. Díd	tobac	co use col	itribute to	the cause of death?
<u>G.</u>	ta you		Chronic O	15th	Puctive	· DU	Imon	IA	RV AS	FAR		10	Yes	2 10 No	3 Prot	pably 4 Unknown
of Vital Records,	8 5 8	d by	1/ /	11	40//00	*			9 2/3	المار المار					0.45 147.	
Ö	w requires been sign should be	Completed	VA/V4/AR	He	PART	Dis	ASE					24a. Was	an au omed	topsy	ava	ere autopsy findings aliable prior to mpletion of cause
360	8 8 0	Jd L													of	death?
a	T ata											1 🗆	Yes	2000	1[Yes 2 No
\frac{1}{2}	Physician: The ribis cardificata ral director, pag	Be	25. Was case raferred to med examiner?	ical	Hospital:				Ott	hor:		h (Check only	ряв)			
ot	Phys this ral di	- To	1 Yes 2 No		1 🗆 Ir		ER/Outpa 28b. Tim		3LI DUA		ursing Ho			6 □Othe		1)
O	After After Iuna	tion	1 ☑Natural 5 ☐ Per	nding estigation	(Monti	, Day Year)	Inju		28c. Inju Wo	rk? Yes 2.□		28d. Describe	HOW IN	jury occurr	ea	
Division	or Attending efter dasth. Director: Afte d in by the lune	fica	3 Sulcide 6 Co	ild not be	-	of folium - At	home ferm	etro	at, factory, office	103 2	13.11	28f Location /	Street	and Numb	or or Bure	I Route Number,
S	or A effer Direct	Certification:	4 Homicida	aminad	buildin	g, etc. (Spe	cify)	, 51101	at, ractory, omco			City or To	wn, Sta	ite)	or or ribra	Trodo Hamber,
	To the Hospital or Attending within 24 hours efter death. To the Funeral Director: After complately filled in by the Iuna	edical C	29a. Cartifiar 1 Centification (Check only 2 Medical M	lying Ph	ysician: To the banning and mann	sis of axami	nowledga, d	aath o	occurred at the tiestigation, in my o	me, data a opinion, de	nd place, a	and dua to tha ed at the time,	causa date a	(s) and ma	nnar as st and due to	atad. the cause(s)
	To the Within	Me	29b. Signature and title of cert	giar	1				29c. Licens	se number			29d. [Date signed	(Month,	Day, Year)
	. \		// /	1_	+				DI	1991	4	1	111	RUCT	- 7	1991
	12		30. Name and address of pelo	on who	complated cause	of death (It	tam 23a) (Tv	pe, P	rint)	, , ,	0	/	14	1431		1116
	10,		IRA T.	Fix	VE 14.	1. 7	328	- 1	W. Job	pA	D.	Luth	ER	vi11.	e A	10 2/093
	Sta	_	31. Date filed (Month, Day, Ye	ar)	4. 40	gistrar's Sig				-1-1	-			- 4 - 4 - 7		
	Registr	ar	AUG 1 3 1996	4	a+ wide	n-Rand	400									
				100												



State of Maryland / Department of Health and Mental Hygiene

						Cen	ificate of	Death		Reg. No.		
Physician /Medical			ust:	n Cofi	ell-s	~			2. Date of D Month	eath Dey	Year 1996	3. Tim 1 th
Examiner		Sa. Fecility Name (If not in Union 1) 5. Social Security Number	Nem	norial L	lospita		If Under 1 Year	4b. City, Town, or Baltimo	re Cit	4	N/A	
Funeral Director		218-22-1102 Usual Residence of Dece		18 M 2□ F	69		Months Days			6, 1927	9. Birti	nplece (Stete or Foreig untry) LYLAND
with the Maryland a or 28a-f show be nothed at		10a. State 10b.	County N/	A	10c. City, Tor	wn or Loca Etimo			4			10d. Inside City Limit
ath with the Ma 123a or 28a-1 s wall be not ex		10e. Street end Number 3222 Brende	an Av	enue			10f. Zip Code 21:	213		10g. Citizen of	What Co	
filed within 72 hours efter death v thygiene. ther than "netural", or items 23s int, the Medical Examiner must int. The Medical Examiner must		11. Marital Status 1 Never Married 2 3 Widowed 4 D		12. Was Deceden Armed Forces 1 ☑ Yes 2 ☐ if Yes, Give Year or Dates	?] No		as Decedent of es, specify Cul	Hispanic Origin? (S ban, Mexican, Puerl o Specify:	pecify Yes or No Rican, etc.)	o- 14. Re Bl	ack, White	ican Indian, n, etc. Ute
be filed within 72 ho tal Hyglene. d other than "natura yent, the Malestan Be Completed		(Specify only Elementary/Secondary 9th grade		ducation ede completed) College (1-4or	3+}	a. Deceder (Give kii lifa. Do		pation a during most of wo ed)	rking	16b. Kind of Constr		ndustry In Company
B Solais		17. Father's Name (First, I William Co	fiell	Sr.				18. Mother's Nar Frances		e, Meiden Sume	me)	
s 1 and 2 should f Health and Mer them 27 is merke other traumetic		19a. informant's Name/Re Mary V. Cof	iell		3	222 E	Brendan	Avenue,				
pemit. Pages 1 Department of F Important: If ite any injury or ot once.		20e. Method of Disposition 1 Di Burlal 2 Cren 4 Donation 5 0	nation 3 [ther (Special	fy)	cemet	ery, crama wride		rial Park		20c. Location Baltim		Town, State Maryland
Deparimbon any ir.		21. Signeture of Funeral S	M	14		333	31 Breh	ess of Facility Funeral ns Lane,	Baltimo	re, Mar	ylano	l 21213
Physician /Medical Examiner		23a. Part1. Enter the dise shock, or heart failur immediata Causa (Final disease or condition	ase, or com e. List only	pilications that cause one cause on each	od the death. Do		the mode of dy	ing, such as cardlad	or respiretory e	errest,		Approximete interval Between Onset and Death
	1	rasulting In death)		а	Due to (or as a	conseque						
n and iel-transit		Sequentially list conditions		b. gan	grene Dua to (or as a	of r	ight 4	Foot				ten days
physicia s the bur		Sequentially list conditions f eny, leading to Immedia: ause. Enter Underlying Cause (Diseese or injury hat initiated events resulting in death) Last	1	V	Due to (or es a	conseque	nce of):					ten days Silfeen year ten years
				d. peripu	neral vi	asaa	iar a	sease				ten years
ed by the deteched	F	Congestive				in the unde	erlying cause gi	iven in Pert I.		tobacco use c		to the cause of death obably 4 🗆 Unknow
e lew requires hes been sign ge 2 should be mpleted by	-	Congestive Acute vena	e for	ilupe						an autopsy ormed?	8	Vere autopsy findings vailable prior to ompletion of cause i death?
ysician: The lis certificate he director, page									10	Yes 2 No	1	☐Yes 2 No
Physician: The this certificate and director, page TO Be Co	2	5. Was case referred to n examiner?	nedical	Hospital:	/az z <u>–</u> z z	-5/11	_ 0	26. Place of Dea				
fler this ineral di on: To	2	1 Yes 2 No 7. Manner of Daath 1 Natural 5		28a. Date of Inju	ury 28b.	utpatient Time of Injury	28c. Inju	4 La Mursing H	ome 5 Resi	dence 6 Ot how injury occu		ify)

29b. Signeture and title of certifier

5 Pending investigation

6 Could not be determined

1 Natural

2 ☐ Accident

3 Suicide

29a. Certifier

4 - Homicide

MD

NA

28e. Plece of injury - At home, farm, straet, factory, office building, etc. (Specify)

NA

29c. License number AT2438946

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

[In Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

1 Yes 2 No

29d. Date signed (Month, Dey, Year) not 11, 1996

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

NA

30. Name and address of person who completed causa of death (Item 23a) (Type, Print)

JULIE TINNEY, MD 29 South Paca Street Baltimore, MD 21201

State Registrar

Medical Certification

31. Date filed (Month, Dey, Year) Julia Jan Begistra Signal AUG 1 3 1996

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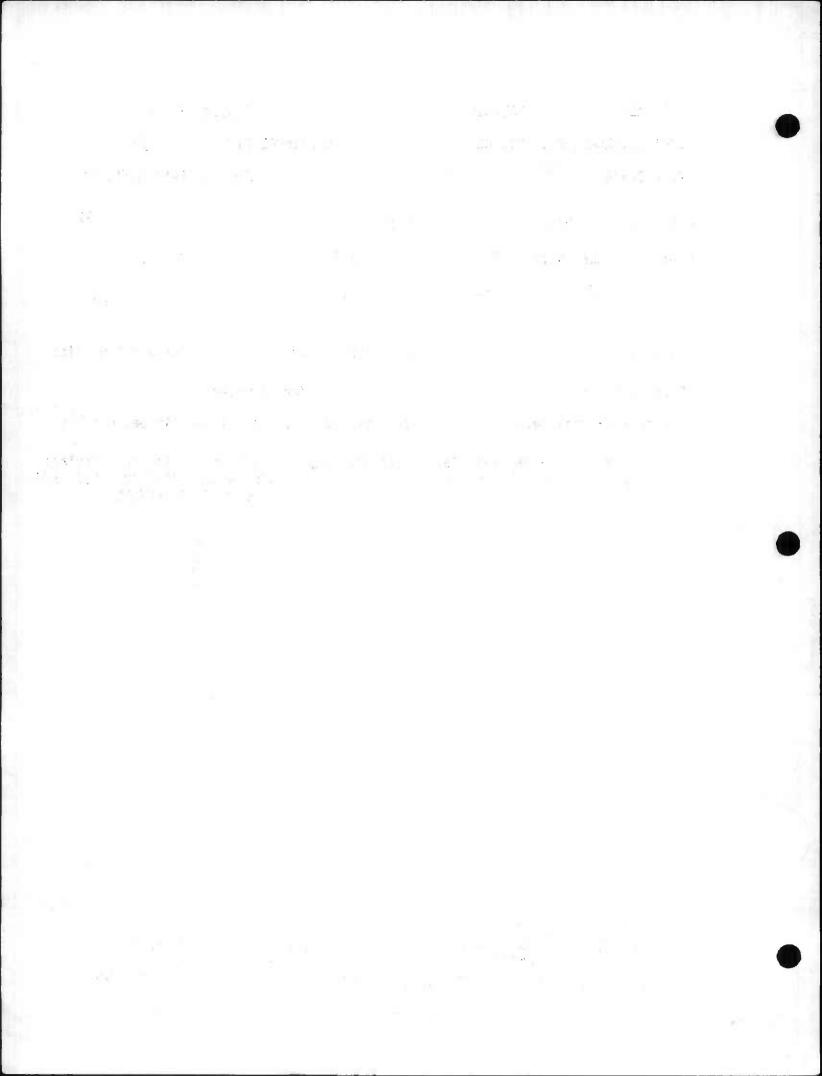
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State of Maryland / Department of Health and Mental Hygiene 96

96 23834

						Cer	tificate of	Death			Reg. No.		
			1. Decedant's Nama (First, Middla, L	ast)						2. Data of Da	ath		3. Tima ot Death
	Physici		RONALD	CALWRII						August	Day O 1	996	11:30 pm
	/Medic Examir		4a. Facility Nama (If not institution, gi		-			4b. City, To	own, or Lo	cation of Death			
	LAGIIII	161	5901 DOVERDALE D	R APT C1				BALTI	MODE	CITY		/A	
-	Funeral				(In yrs. last bi	rthday)	If Undar 1 Yaar	r If Undar		8. Data of Birt	h	-	placa (Stata or Foreign
	Director		212-42-4029 Usuel Rasidance of Decedant	X XM 2□ F	53	Yrs.	Months Days	Hours	Min.	(Month, Da	y, Year) 8 1943	MARYL	placa (Stata or Foreign intry) AND
	/land		10a. Stata 10b. County		10c. City, Tow	n or Loc	cation						10d. Insida City Limits
	Man fied	tor	MARYLAND N/	Δ	R	ΔΙΤΙ	IMORE CI	TV					1XXYas 2□No
	r 28a-f ehow	Director	10e. Street and Number	71		ALI.	10f. Zip Coda	.] !			10g. Citizen of	What Cou	intry?
	har death with it rems 23a or		5901 DOVERDALE DR	IVE APT.	C1		2121	5			U.S.A		
	Seath The 2	Funeral	11. Marital Status	12. Was Dacedant E		13. V	Vas Decedant of Yas, specify Cul		Igin? (Spe	cify Yas or No			ican Indian,
	r her	F	1 ☐ Nevar Married 2 🕅 Married	Armed Forcas? 1 ☐ Yas 2 1 1 N	0				n, Puarto	Rican, atc.)	Bla	ck, Whita,	, atc.
020	ours aft	by	3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas 2 XXX If Yas, Giva Yaar or Datas:		1	☐ Yas 2XXNO	Specify:	•		Specif	BLA	ACK
21215-0020	72 hours aftar death with the Maryland *natural", or Nems 23a or 28a-f ehow sdical Examinet must be notified at	P	15. Decedant's E	ducation	16a	Deced	ent's Usual Occu	upation			16b. Kind of B	usinass/ir	ndustry
218	hin 7	Completed	(Specify only highast gi	rada complated) Collega (1-4or 5	4)	lifa. E	kind of work done OO NOT usa retin	a during mos ed)	it of works	ng			
21	filed within Hygiena. ther than •	E O	11th grade	College (1-4015	"	Home	e Improv	ement			Vario	us Co	ompanies
	0 -	Be	17. Fathar's Nama (First, Middla, Las	t)				18. Moth	ar's Nama	(First, Middla,	Maidan Sumar	na)	
<u>la</u>	should be and Mental marked o	To	Rufus Calwrie					Mai	rv Ha	awkins			
Maryland	2 should be and Menta le marked raumatic ev		19e. Informant's Name/Ralationship	(Type, Print)	198	b. Meilin	g Addrass (Stree				er, City or Town	, Stata, Zi	(p Code) 21215
	C = 0 F		Margaret Calwrie	/Wife	5	901	Doverda	le Dr	. Apt	. C1,	Baltimo	re, M	Maryland
ore.	of Haalt Rem 2		20a. Mathod of Disposition		20b. Place C	of Dispos	sition (Nama of	ace)	1	Data	20c. Location	- City or T	own, Stata
Baltimore,	permit. Pages Department of H Important: If the any injury or of once.		1 ☐ Burial 2 ☐ Cramation 3 6 4 ☐ Donation 5 ☒ Othar (Spec				11 Cemet		8-	14-96	Baltim	ore.	Maryland
E E	antin Sorta		21. Signatura of Funaral Sarvice Lice	2		. Nama and Addr			MUNITY F/H				
m	Depa Impo		1 Havil	J-J	lose						ORTH AV		1011211
			23a. Part1. Entar tha disaasa, or cor shock, or haart failura. List only	plications that caused on a cause on a	tha daath. Do	not ante	ar tha mode of dy	ing, such as	cardiac o	r raspiratory a	rast,		Approximata Intarval Between
	Physician				7								Onset and Death
и	/Medical Examiner		Immediata Cause (Finel disaasa or condition		lessis	L.							3 days
	LXaiiiiiei		rasulting in daath)	1 0	Dua to (or as a	consagi	uange ot):	/				-	
5	D #	line		1 Viche	mai v	1 }	lum 7					1	1 yeu
	certificata be axecuted rding physician and use as the burial-transit	Examiner	Sequentially list conditions,	רא ו	Due to (or as	consequ	uance ot):	7					
60,	cian cian burial		Sequentially list conditions, if any, laading to immadieta causa. Entar Undarlying Causa (Disaase or Injury	· Yery	Shel	Va	rala.	1) yea	_				1 year
68760,	cata physi the	edicai	that initiated events resulting in death) Last		Dua to (of as a	consequ	Jance of):						Typan 10 year
×	eath certifica attending pl	2		d / C	wh ten	rn	MIT	-				i	10 year
Bo	death of	ian										1	
0	9 8	Physician/	Part II. Other significant conditions	contributing to death bu	t not resulting	n tha un	idariying causa g	iven in Part	l.	23b. Did	tobacco use co	ntribute !	to the cause of death?
Q	that tha de ed by the detached		Chuma	1 Ten/	Tarke	_				1 🗆	Yes 2 No	3 Pro	bably 4 Unknown
ital Records,		l by			-					The second second	11.000 000 0	T 045 W	dana automorphis dia a
0	iaw requires as been sign 1.2 shouid be	Completed									an autopsy rmed?	81	Vara autopsy findings vallable prior to omplation of cause
Sec.	has by	du											f death?
=		S								10	ras 2010	1	☐ Yes 2 ☐ No
Ĭ,	fion: The	Be	25. Was casa raferred to medical axaminar?						e of Death	(Check only o	ina)		
to.	1	2	1 Yas 2 No	Hospitel: 1 Inpatiar			3LI DOA			na 5 Presid		nar (Speci	ify)
Ē)	2 45	on:	27. Manner of Death 1 ☐ Natural 5 ☐ Panding	28a. Data of Injur (Month, Day	Yaar) 28b.	Tima ot Injury	28c. Inju	ury at ork?		28d. Dascribe I	now injury occur	red	
응,	the diameter	cat	2 Accidant Invastigetic					Yas 2					
Division	or Atter after des Director	Certification:	4 Homicide determined	28a. Place of Inju building, etc.	ry - At home, to (Specify)	erm, stra -	et, factory, office			28t. Location (3 City or Tox		per or Rur	ral Routa Number,
	pital or ours afte eral Dir filled in	- 7	00.00										
	To the Hospital within 24 hours to the Funeral completely filled	edical	29a. Cartifier (Check only one) 1 ☐ Certifying P 2 ☐ Medicat Exa	hysician: To the best of miner: On the basis of and mannar stat	exemination er	a, daath nd/or inv	occurred at the t astigetion, in my	time, date an opinion, des	nd place, a ath occurre	and dua to tha ed at the time,	causa(s) and m date end place,	annar as a and dua f	stated. to the cause(s)
	within To the Comp	Z	29b. Signature and title of certiflar	11			29c. Lican	nsa number			29d. Data signe	d (Month	, Day, Yaar)
			Twhe !	1/10- 1	7		D	092	212		1/12/	96	
	Λ		30. Name and address/of person who	completed cause of de	ath (Item 23e)	(Туре, Е	Print) a /	75	11	X	11 m	10	10-1
	2		Robert Live	4	14 M	alu	of Unto	BI	2	5%	MI	1 21	101
	Sta	te	31. Data tiled (Month; Day, Year)	62, Registra	's Signature	1.00							
	Registr	ar	AUG 1 3 1996	. 20	idson-Aar	Wast.							



Certificate of Death		
State of Maryland / Department of Health and Mental Hygiene 96	3835)

1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** AUGUST 89, 1996 8:12 PM. JAMES WILLIAM CRAWFORD SR. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** IA BAKER ST. BALTIMORE If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthdey) If Under 1 Year 8. Date of Birth Month, Dey, Yeer) 9. Birthplace (State or Foreign Country) **Funeral** Months Days 248-10-2452 M 2 F 81 Yrs -Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health end Mental Hygiene.
Important: If term 27 is marked other than *natural*, or items 23a or 28a-f show any injury or other traumatic event, its Medical Examinations or other traumatic event, its Medical Examinations or any injury or other traumatic event, its Medical Examinations or any injury or other traumatic event, its Medical Examinations. 10d. Inside City Limits 15a mo NIA Yes 2□No Director 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 1821 Ban Ke 21217 U.S.A Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1√2 Yes 2 No IVYes, Give 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Stafus 14. Reca - American Indian. WWII Black, White, etc. 1 Never Married 2 Married Black 1 ☐ Yes 2 No Specify: altimore, Maryland 21215-0020 Completed by 3 Widowed 4 □ Divorced Yeer or Detes: 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life, DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 1292 ethelhem NIA 17 Father's Name (First, Middle, Last) 18, Mother's Name (First, Middle, Meiden Surname) Be ward raw ford Lomac atre 2 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) James W. Crawford Jr. Son Baker St Balto, md 21217 1821 20b. Place of Disposition (Neme of 20c. Location - City or Town, State cametery, cremetory or other plece) millsim Owing Forest 4 ☐ Donetion 5 ☐ Other (Specify) Jarrisa Vet 21. Signature of Funerel Service Licensee 22. Name and Address of Facility DACE F. H. Was march lady Y Ave Wa 4300 wabas 23a. Pert1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heer feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel disease or condition resulting in deeth) a Arteriosclerotic Cardiovascular Disease Examiner Due to (or es a consequence of) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest Due to (or es a consequença of): 4 Due to (or es a consequence of): USB 23

P.O. Box 68760. requires that the death certificate be Records, 90 page 2 should peen 200 has Octital LO Ather Attending

Physician/Medical Examiner à Completed 80 Certification: To

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Ann Dixon M.D.

31. Date filed (Month, Dey, York AUG 1 3 1996

ME

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes en autopsy performed? INSPECTION

1 ☐ Yes 2 No

24b. Were autopsy tindings evellable prior to completion of cause of deeth? 1 Yes 2 No

25. Was case referred to medical 26. Place of Death (Check only one) examiner? 1 X Yes 2 □ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatlenf 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 X Natural

5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - Af home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

AUGUST 10, 1996

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) end manner stated. 29e. Certifier 29b. Signature and little of certifier 29c. License number 29d. Date signed (Month, Day, Year)

30. Name and address of passert who con pleted cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

State Registra

V

Sullas Residence Grandelle

Director

To the Hospital o within 24 hours at To the Funeral Di completely filled is

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Medical

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

					•	Certificate d	of Death		Reg. No.				
			1. Decedent's Neme (First, Mic	ddle, Last)				2. Date of De Month	eth	Vees	3. Time of Deeth		
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	Exami		4a. Facility Name (If not institu	tion, giva street and number)			4b. City, Town, or	Location of Deat					
			Salisbury Cent	ter/Genesis E	ldercar	е	Salisbur	y MD	Wicc	mico	,		
	Funeral		5. Social Security Number	6. Sex 7. Ag	je (in yrs. last bi	Months De	ar If Under 24 Hrs		th ev. Year)	9. Birth	placa (State or Foreign intry)		
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	72 hours after death with the Maryland "natural", or items 23s or 28s-f show sdiss! Examiner must be notified at	Funeral	11. Merital Status 1 Navar Married 2 M	12. Was Decedent Armed Forces? arried 1 XYas 2		If Yes, specify C	of Hispenic Origin? (Cuban, Mexican, Pua	to Rican, etc.)	Bla	ck, White,	ican Indian, , etc.		
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	1 end 2 Health e em 27 is		Kevin Cartwr	ight/Nephew		10460 Nort	h 493 Eas:	t Demott	e, India	ına	46310		
re	of He		20a. Method of Disposition		20b. Plece o	of Disposition (Name of	nlace)	Dete	20c. Location	City or T	own, Stete		
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л	Physician		shock, or haart feilure. L	ist only one ceusa on each if	ne.			, ,	·		Interval Batween Onset and Deeth		
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10	100	Certification:	E C / tooldont	stigation	, , , ,		Yes 2 No						
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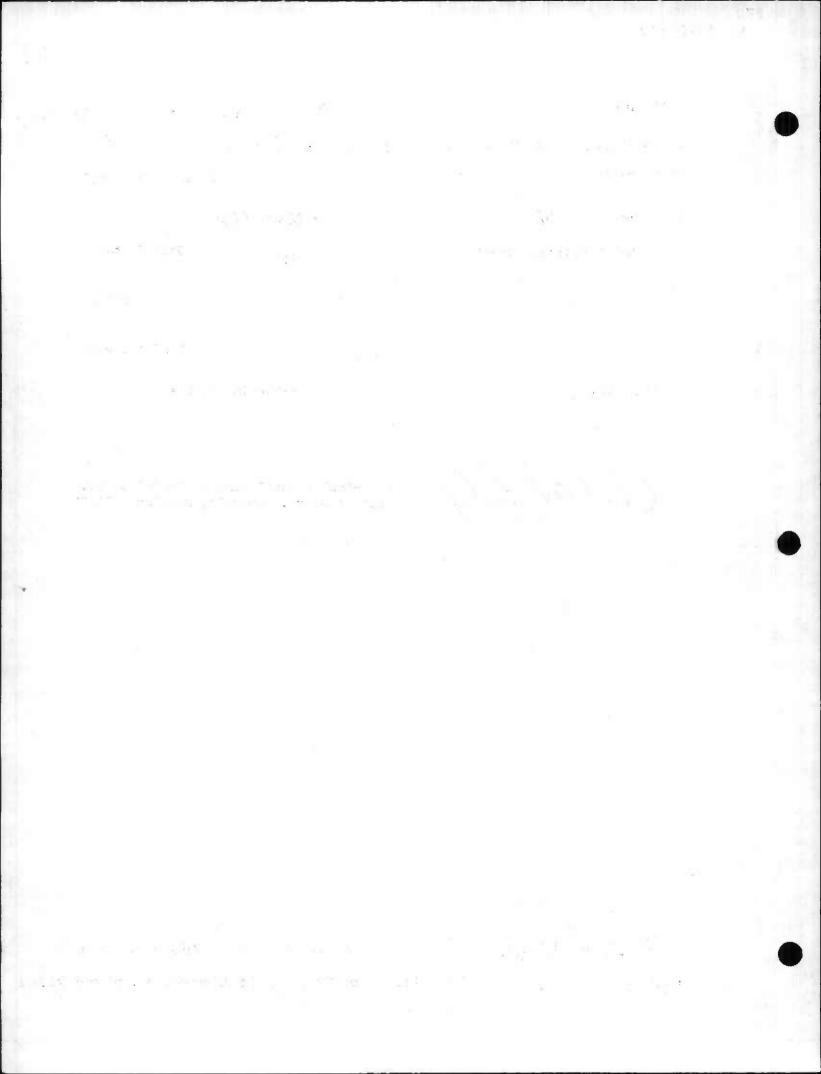
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						Ce	rtificate	of	Death		Rag. No.		20001
r	Dharaia		1. Decedent's Name (First, Middle, L.	ast)						2. Date of D	eath	Vee	3. Time of Deeth
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L			JOHNS HOPKINS						BALTIMO	ORE		N/Z	
	Funeral Director			Sex 7. A 1⊠M 2□ F	ge (in yrs. 26	. last birthday Yrs.		Days	If Under 24 Hrs. Hours Min.	8. Date of B (Month, D	ley, Yeer)		place (State or Foreign htry)
Ш			Usuat Residence of Decedent		20					April	20,1970) Mai	ryland
	yland		10a. State 10b. County		10c. Ci	ity, Town or L	ocation					1	0d. Inside City Limits
	Mar Mar	cto	Maryland	N/A				E	Baltimore	City			1 XYes 2 No
	or 28	Director	10e. Street and Number				10f, Zip C	ode			10g. Citizen of		
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/lar	Aenta Aenta rked tic e	ToE	Billy Cole						Kather	ine Fr	ates		
lan	and &		19a. Informant's Name/Relationship	Type, Print)		19b. Mail	ing Address (S	Street	end Number or Rure	Route Num!	ber, City or Town	, Stete, Zip	Code)
Σ.	and and a salth		Billy Cole/Fathe	ア		Rt.	. 10, E	30 x	1990 El	izabeti	hton, Th	376	643
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Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any Injury or other treumatic event, the Me once.		21. Signatura of Fusieral Sergice Lice	nsee/ L	1	2	2. Name end . Duda-R	Addre	ss of Facility Funeral	Home o	f Dunda	lk, I	nc.
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			23a. Part1. Enter the disease, or com shock, or heart failure. List only	one ceuse on each	line.	th. Do not en	ter the mode	of dyir	ng, such as cardlec o	r respiretory	errest,		Approximete tnterval Between
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	eath certificate be executed attending physician and for use as the burial-transit	Examiner	Sequentially list conditions	b. ————	Due to (c	or es a conse	ruence of):					-	
o î	an an inal-tr	EX	Sequentially list conditions, if any, teading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated avents		200 (0 (0	5. 03 a 00/150	querios or).						
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Division		Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of In	jury - At he	ome, farm, sti	eet, factory, c	ffice	2	28f. Location	(Street end Num!	ber or Rure	I Route Number,
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	1	-	30. Name and address of person who	completed cause of	death (Iten	n 23a) (Type.		- ~			1100001	J , L	
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Registrar

AUG 13 1996



State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate	e of	Death			Reg. No.		
		-11	1. Decedent's Nama (First, Middla, La	st)							2. Data of Da	ath		3. Tima of Death
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	Funeral		5. Social Security Number 6. S		7. Age (In yrs. last b		If Under		If Undar	24 Hrs.	8. Deta of Birt	th		piece (State or Foreign intry)
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	uth with the Maryla 23a or 28a-f show	ie.	502 South Fifth	Street					21629)		U	.S.A.	
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	2 2 2 2		Betty Chamberlai				_	*						nd 21629
ē,	of Heaith item 27		20a. Mathed of Disposition		20b. Pleca	of Dispo	sition (Nam	a of			Data	20c. Locat	ion - City or T	own, Stete
Baltimore,	permit. Pages loparithment of H Important: If ite any injury or ot once.		1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specif		Stata	-	matory or of emeter		Ce)	8	-14-96	Dent	on, Ma	ryland
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	_		Francis S. Ka										arytan	
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ω ;	e atten	ICIB	Part II. Other significant conditions of	ontributing to di	eath but not resulting	In the u	nderlying ce	usa ak	an in Part	1	23h Did	tobacco ue	e contribute	to the cause of death?
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ta	75.00	Bec	25. Wes casa ratarrad to medical						28. Plac	a of Daati	h (Check only o			
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io d	r death. actor: Alta by the fund	atlo	1 ☑Naturai 5 ☐ Panding 2 ☐ Accidant Invastigation		iii, Day Year)	Injury	М		Yas 2	No				
NS V	after deal Director: 3 in by the	110	3 ☐ Suicide 6 ☐ Could not be datarmined	Zoa. Flace	of Injury - At homa, i	arm, str	reat, factory,	office			28t. Location (S City or Tox		lumber or Ru	ral Route Number,
0	ours after eral Direc filled in b	Certification:	4 D Hormonda	Dulla	ng, etc. (Specify)						City or rot	vii, Siaia)		
3	24 hours Funeral staly filled		29a. Cartifier 1 Certifying Ph	ysician: To tha	best of my knowledg	e, daati	n occurred a	t tha tir	na, data ar	nd place,	and dua to tha	causa(s) an	d manner as	stated.
3	within 24 h To the Fun	edical	(Check only one) 2 Medical Exam	and man	asis of axamination e nar stated.	na/or In	vastigation,	ın my d	pinion, das	ath occurr	ed at tha tima,	data and pla	ace, and dua	to the cause(s)
4	within 2 To the comple	2	29b. Signeture and title of certifier	+ Mah)		29c.	Licens	e number			29d. Date s	igned (Month	, Day, Year)
	- Jan 18-0-15		IN THE	IN	/			14	47	49		8/	11/96	
	(f	30. Nama and addrass of person who	complated caus	a of daath (Item 23a)	(Туре,	Print)		•					
10	7		Peter L. Whitese	11 M.D.	609 B Dut	chm	ans L	ane	, Eas	ton,	Maryla	nd 218	501	
	Sta	te	31. Data tiled (Month, Day, Year)	32 B	enistrarie Signaturas		00				1			
	Registr	ar	AUG 13 1996	0	a Davidson-1									

96-4510-005

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-738 8/30/96 t.t

State of Maryland / Department of Health and Mental Hygiene 95

Certificate of Death

If Undar 1 Year

10f. Zip Coda

Months

Deys

1. Decedant's Name (First, Middla, Last) **Physician** /Medical Examiner

CHARLES WRIGHTSON

2. Data of Death COLE, JR. AUGUST

3. Time of Death

Birthplaca (Stata or Foraign Country)

1 Yas 2 No

36

if Undar 24 Hrs.

Hours

10 1996 6:02P.M.

4a. Facility Nama (If not institution, giva street and numbar) 3 SPECTATOR LANE

4b. City, Town, or Location of Daath OWINGS MILLS

BALTIMORE

4c. County of Deeth

10g. Citizan of What Country?

Specify

16b. KInd of Businass/Industry

Funeral Director

28a-f show

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Nems 23a

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I Hygiene.

marked other

nt of Health and the train or other traun

permit. Pega Department of Important: If any Injury or once.

Physician /Medical

Examiner

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director, paga 2 should

the funeral

2

complataly

certificate

il or Attending Physician: saftar death. I Director: After this certifica

To the Hospital within 24 hours a To the Funeral C

The law requires that the death certificate be executed

Box 68760.

P.O.

Records,

of Vital

Division

Examiner

Physician/Medical

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Completed

Be

2

Certification:

Medicai

traumatic

Pegas 1 and 2 should be nent of Health and Mental

must be notified at

Director

Funeral

by

Completed the Medical

Be

Maryland

72 hours efter

21215-0020

Baltimore, Maryland

10a Stete MARYLAND

11. Marital Status

BALTIMORE

1 X M 2□ F

10c. City, Town or Location

Yrs.

7. Aga (In yrs. last birthday)

OWINGS MILLS

OCT. 16,1959 SOUTH CAROLINA 10d. Insida City Limits

8. Deta of Birth (Month, Dey, Year)

5. Social Security Number

216-82-8272

Usuai Rasidanca of Decedant

10e. Street and Number 3 SPECTATOR LANE

10b. County

12. Was Decedant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ▼No If Yes, Giva Yaar or Dates:

21117 Was Dacedant of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxicen, Puerto Ricen, atc.) 1 ☐ Yes 2 No

USA Race - Americen Indian, Bleck, Whita, atc.

3 Widowad 4 Divorced 15. Dacedant's Education

(Specify only highast greda complatad) Elamantary/Secondary (0-12) Collaga (1-4or 5+) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa ratired) LOAN ORIGINATOR

MORTGAGE FINANCE

WHITE

17. Fathar's Nama (First, Middle, Last)

1 Navar Married 2 Marriad

CHARLES W.

COLES, SR.

18. Mothar's Nama (First, Middle, Maiden Surnama) JOAN

19b. Mailing Address (Streat end Number or Rurel Routa Number, City or Town, Steta, Zip Coda)

19a. Informent's Name/Relationship (Typa, Print)

3 SPECTATOR LANE OWINGS MILLS, MD 21117

MRS. MICHELE A. COLE (WIFE) 20a. Mathod of Disposition

List goly

20b. Piace of Disposition (Nama of camatary, cramatory or other placa)

20c. Location - City or Town, Stata

1 Burial 2 Cremetic 3 Ramoval from State 4 Donation 5 Over (Spacify)

HAR SINAI

8-12-1996 OWINGS MILLS, MD

21. Signature of F

22. Nama and Addrass of Facility Sol Levinson & Bros., Inc.

8900 Reisterstown Road Pikesville, MD 21208 monons that ceusad the daath. Do not antar the moda of dying, such as cerdiac or respiratory arrest, no causa on each lina. Approximate Interval Batwaan

Immadiata Cause (Final disaasa or condition rasulting in daath)

HANGING

Dua to (or as a consequence of):

Sequentially list conditions, if any, leeding to immediate ceuse. Entar Undarlying Ceusa (Disaase or injury that initiated events rasulting in daath) Lest

Due to (or as a consequence of):

Dua to (or as e consequance of):

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes an autopsy performed?

24b. Wara autopsy findings eveilebie prior to complation of ceusa of daath?

Yas 2 No

18 Yas 2□ No

25. Was cesa axaminar?	rafarred	to	medicai
YYas	2 No		

27. Mennar of Death 5 Panding 1 Netural invastigation

Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 8/10/96

28b. Tima of P 12:00-2:00^M

28e. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

28c. Injury at Work? 1 ☐ Yas 2 No

Othar: 4 Nursing Homa XXResidence 6 Othar (Specify) 28d. Dascribe how Injury occurred

UNKNOWN

28. Piaca of Daath (Check only ona)

28f. Location (Streat and Number or Burel Boute Number, City or Town, Stata) 3 SPECTATOR LANE OWINGS MILLS, MD.

(Check only

2 Accidant

3 ☐ Suicida

4 Homicida

BASEMENT OF HOME 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

XXMedical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.

29b. Sigratura and titla of certifian

Could not be determined

29c. License number

O.C.M.E.

29d. Dete signed (Month, Dav. Year) AUGUST 11,1996

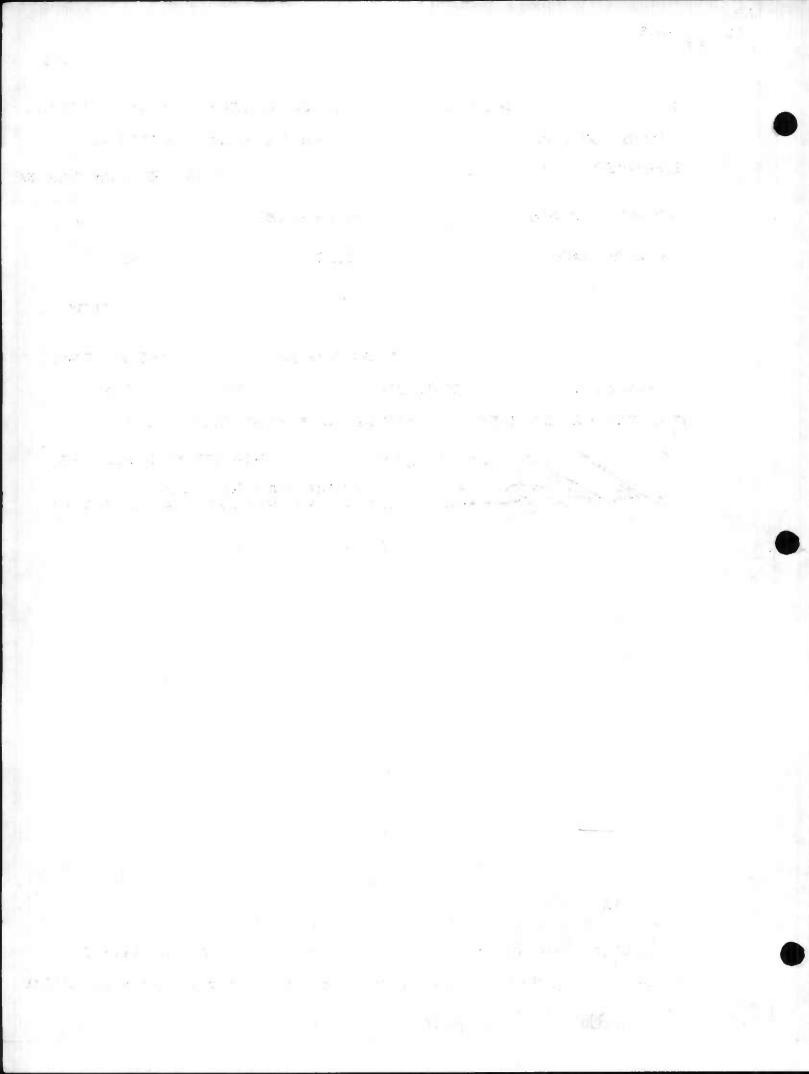
30. Nama end address of person who completed ceusa of daath (Itam 23a) (Type, Print)

MARYDRIAN A. Konsury 111 Penn Street, Baltimore, Maryland 21201 31. Dete filad (Month, Dey, Year)

State Registra

AUG 1





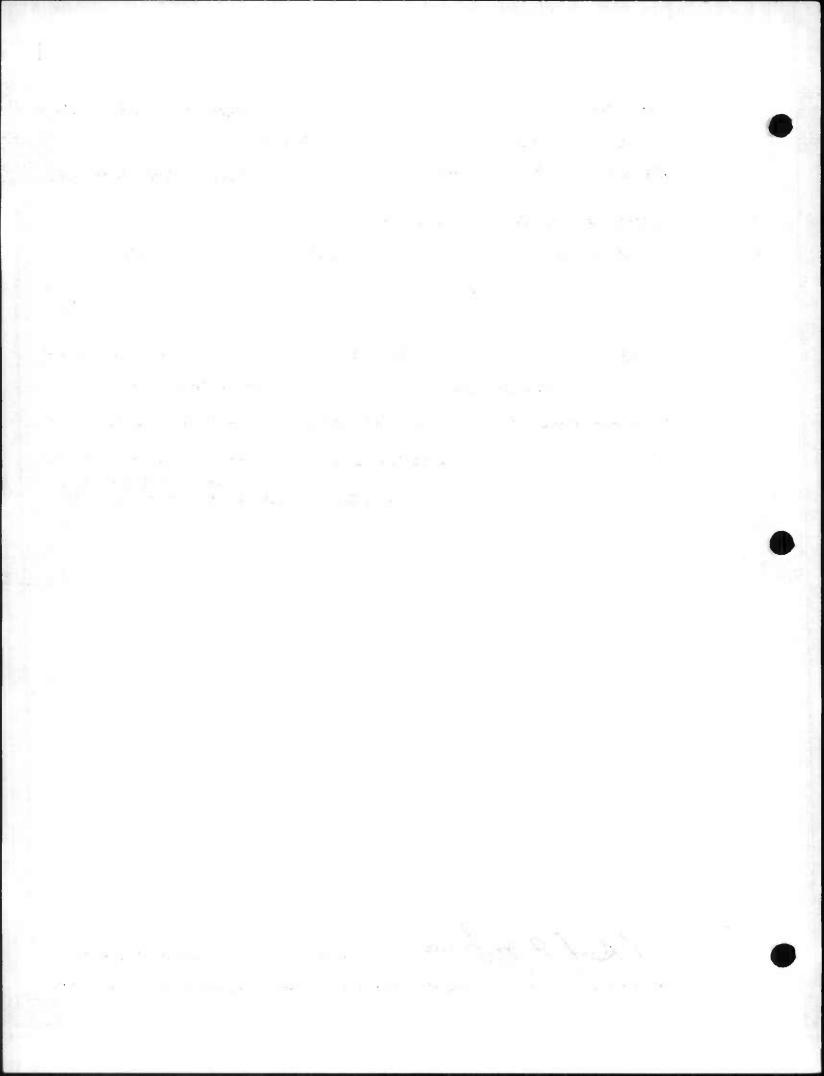
State of Maryland / Department of Health and Mental Hygiene

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						Cen	ificate	of L	Death		Reg. No.		
	·		1. Decedent's Nama (First, Middla, Las							2. Data of D		V	3. Tima of Death
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	EAGIIII.		Bon Secour H	ospital					Baltim	nore, M	d. C	ity	
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		0	Usuai Rasidence of Decedant		4					Sept	.10,19	19 Mc	ilyland
	dand		10a. Stata 10b. County		10c. City, T	own or Loc	ation					10	Od. insida City Limits
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	with the Marylan a or 28a-f ahow De notified at	0	10e. Street and Number		Daic	IMOI	10f. Zip C	ode			10g. Citizen of	What Caus	Δ
	with w	ō	524 N. Charles	Street	Ant	504		212	0.1			SA	uyr
	vurs after death with the Maryland tal, or items 23s or 28s-f show Examiner must be notified	by Funeral Director			-					10 11 11			
		nu	11. Maritai Status	12. Was Decedent E Armed Forcas? 1 2 Yas 2 N	evar in U,S.	if	Yas, specify	Cuba	n, Maxican, Pu	(Specify Yas or Narto Rican, afc.)	0- 14. He	ce - Amaricack, Whita,	
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Baitimore,	그 등 은 은		21. Signature of Furgeral Service Licens		4/	22.	Nama and	Addras	s of Facility		-		
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3	Examiner		diseasa or condition rasulting in daath)		10 5		AN	_	EIC	_			1 MONTH
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68760,	cian cian buria		Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Causa (Disaasa or injury	•								1	
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	1		KICKH NAN.	MD F	LIN	. EV	7 AL	1 5	7 # 3:	OJ BAI	TIMON	it 1	12/20/
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State of Maryland / Department of Health and Mental Hygiene 96 2384

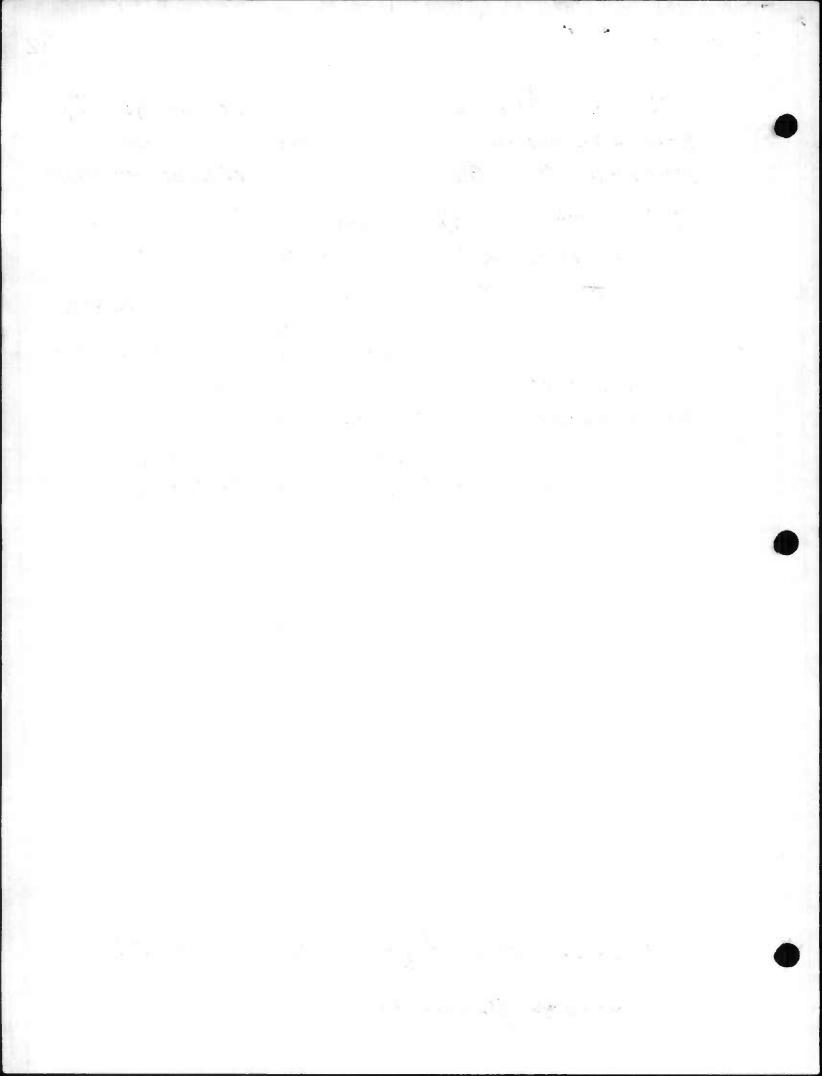
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Immediate Cause (Finel Examiner) Immediate Cause (Finel Resulting in death) Immediate Cause (Finel Result			Н	23e. Phirt1. Enter the disease or con shock, or heert failure. List only	nplications thet cau one cause on eec	used tha deeth. ch line.	Do not ent	er the mode	of dyir	ng, such es	cardlec	or respiretory e	rrest,		interval E	Between
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mellitus, congestive heart failure, chronic renal 24a. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1	0	that ed by data		Peripheral vascu	lar disea	ase, hy	perte	nsion,	di	iabete	S	10	Yes 2□ No	3 □ Pro	bably 4	Unknow
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1 Neture 2 Accident 3 Suicide 4 Homicide 5 Pending investigation 6 Could not be determined 28a. Placa of injury - At home, ferm, street, fectory, office 28f. Location (Street and Number or Rural Route Number, building, etc. (Specify) 29c. Certifier (Check only one) 2 Medical Examinar: On tha besis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated. (Check only one) 29b. Signeture and title of cartifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 29b. Signeture and addrass of person who completed eduse of deeth (Item 23e) (Type, Print) V. Dixon King, Jr St. Agnes Hospital - 900 Caton Ave., Baltimore, Md. 21229 31. Date filed (Month, Day, Year) 31. Date filed (Month, Day, Year) 32. Regulators Capability 33. Regulators Capability 34	o	Phys this ral di	-		1 X inp					4 LI NUI					fy)	
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					Cer	tificate of	Death		F	leg. No.		
	Physic /Medi		1. Decedent's Name (First, Middle, Last) DIEF	+ _					2. Date of Dee		96	3. Time of Death
	Examir		4e. Facility Name (If not institution, give street and number) Seton HILL MANOR 5. Social Security Number 6. Sex 7. As	e (În yrs. last b		If Under 1 Yee Months Days	Bac	TIF	8. Dete of Birth	l	y of Death A 9. Birthp	place (State or Foreign
L	Director		150-54-3943 1XM 2□ F Usual Residence of Decedent	35	Yrs.		110010	107711.	082	60	New	Jersey
	the Marylar 28a-f show	Director	10a. State 10b. County N/A	10c. City, To		(MORC)	_			Og. Citizen of		Od. Inside City Limits Yes 2 No
	3e or		1710 HILLEDWOOD R	D		21	230	7			USA	
21215-0020	within 72 hours after death with the Maryland ene. than "naturef", or items 23s or 28s-f show ha Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married Married			Ves Decedent of Yes, specify Cul			ecify Yes or No- Rican, etc.)		ce - Americ eck, White,	
5-0	72 ho	Completed	15. Decedent's Education (Specify only highest grade completed)	16	a. Deced	ient's Usuei Occu	pation during mos	at of work	ina	16b. Kind of E	usiness/Inc	dustry
121	vithin ne. hen	mple	Elementery/Secondary (0-12) Collega (1-4or			kind of work done OO NOT use retire				D 1		
	Hygie ther t		1.Z. 17. Father's Name (First, Middle, Last)		anı	tation			e (First, Middle,			ce City
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, Maryland	2 2 2 2	-	19e. Informant's Neme/Relationship (Type, Print) Dorothy Thomas/Aunt	19	b. Mailin 916	g Addrass <i>(Stree</i> Denmore	Ave.	er or Run Balt	imore,	r, City or Town	, State, Zip	Code)
altimore,	Pa Pa		20a. Method of Disposition 1 Burlai 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	cemet	ery, crem	sition (Name of natory or other pl matory,		08/1	Dete 20c. Location - City or Town, Stete 12/96 Baltimore, MD			
Balt	permit. Page Department of Important: If any injury or once.		21. Signature of Funerel Service Licensee MC F MC	Donald		Name and Addr emation 9 Freder						
			23a. Part1. Enter the diseese, or complications that caused shock, or heart failure. List only ona ceuse on each li	the deeth. Done.								Approximata Intarvai Between
	Physician /Medicai Examiner		Immediate Cause (Finel disease or condition resulting in death)	Due to (or as a	l	Out	-	•••				Onset end Death Letter Letter Letter
2	and transit	Examiner	Sequentially list conditions,	tan	C	hrom	e of	to	char.	Aspe	recli	~ . twhs
x 68760,	certificate be axecuted rding physician and ise as the burial-transit	Cause (Disease or Injury that Initiated evants resulting in deeth) Last Due to (or as e consequence of):			uence of):	2	7	7		0		
P.O. Bo	es that the death or igned by the attend be detached for us	/ Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							23b. Did tobacco use contributs to the cause of death 1 Ses 2 No 3 Probably 4 Unknow		
Records,	aw requires to should	Completed by		_					24a. Was e perfor	n autopsy med?	avi	ere autopsy findings eilable prior to mpietion of cause death?
<u>~</u>	The ata h	Con							1□ Y	es 212No	10	☐ Yes 2☐ No
Vital	Physician: The this cartificata rai director, pag	Be	25. Was casa referred to medical examiner? Hospitel:			0	thor:		(Check only or			4
of	Phys r this arai dii	: To	TIL Tes ZEP190	_	outpatient Time of	3LI DUA	41,011		me 5 Resid			y)
lo)	A Ann	ation	27. Mannar of Deeth 1 Naturei 5 Pending 2 Accident investigation (Month, Da	Year)	Injury	28c. Inju We M 1	onk?]Yes 2.⊡					
elvia.	alling de	Certification:	3 ☐ Suicide 4 ☐ Homlcide 6 ☐ Could not be determined 28e. Plece of Injuding, at	ury - At home, to. (Specify)	arm, stre	eet, fectory, office)	*	28f. Location (S City or Tow		ber or Rura	al Route Number,
	To the Hospit within 24 hour To the Funan- completer (#	edical	29a. Certifier (Check only one) 1 Certifying Physician: To the best on the best of the control of the best on the best of the control of the best of the control of the best of the control of the best of the control of the best of the control of the best of the control of the best of the control of the best of the control of the best of the control of the best of the control of the best of the control of the best of the control of the best of the control of the best of the control of the best of the control of the best of the control of the	examination a								
	To the To the Comple	×	29b. Signeture and title of certifier **Camela Wille	le R	for	29c. Licer	use number	17	2	Pod. Date sign	196	Day, Year)
_			Daviel Wolde-Ru	eath (item 23a)	0	(601 C	ATH	edi	alst	. Bai	Timo	ire Mdzrzoj
	Sta Registr	- 1	31. Dete filed (Month, Day, Year) AUG 1 3 1996	Signature Municor	Rank	elf						

DHMH 16 Rav 6/95



Registrar

State

31 Data filed (Month, Day, Year)
ALIG 13

AUG 1

Name and address of person who completed causa of death (Itam 23a) (Type, Print) RICHARD BIGGS, M.D., 7505 OSLER DR., TOWSON, MARYLAND 32 fighistra Himbur Rawlell

21204

while make a second to

Amended item #8, g-738, 8/19/96emh per fh Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 23844 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month 3. Time of Deeth Kichard 5:55 am ames AUGUST 10 Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Baltimore
if Under 24 Hrs. 8. Dete of Security Number 6. Sex 7. Age (In yrd. last birthdey) DIOD If Under 1 Year Birthplace (State or Foreign Country) Sex 12 M 2□ F Months Deys Hours 212-86-143 37 Yrs. Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore 1 Yes 2 No MARYLand 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5+ USA 1718 Street 21218 12. Wes Decedent Ever In U.S. Armed Forces?

1 Yes 2 No
If Yes, Give Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 11. Marital Stetus 1 Never Married 2 Married Specify: Black 1 Yes 2 No Specify 3 ☐ Widowed 4 ☐ Divorcad 15. Decedent's Education (Specify only highest grade completed) 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) White lowers Cook 12 18. Mother's Name (First, Middle, Maiden Surneme) Daniels JAMES MCCLary Lorraine 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 718 Balto. Md. 21218 mandary Street Lorraine 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 8/15/96 Balto. md.

17. Fether's Name (First, Middle, Last) 19e. Intorment's Name/Relationship (Type, Print) (MOTHER) 20e. Method of Disposition Baltimore Emetery 4 ☐ Donation 5 ☐ Other (Specify)

21. Signature of Funeral Service Licensee

22. Neme end Address of Fecility 1639 N BROADWay Baltimore, Md 21213

Mulles

23a. Pert1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or hear failure. List only one cause on each line.

Approximete Intervel Between Onset end Deeth

Immediete Cause (Finel disease or condition resulting in death)

Physician

/Medical

Examiner

Completed by Funeral Director

Be

Funeral

Director

permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health end Mental hygiene. Important: If them 27 is marked other than "natural" ---- any injury or other traumatic aux.

Physiclan /Medical

Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Forneral Director: After this certificate has been signed by the attending physician accompletely filled in by the funeral director, page 2 should be detected for use as the buriet-transit

ρ

Be Completed

2

Medical Certification:

Division of Vital Records, P.O. Box 68760.

PULMONARY BLEEDING

10 HOURS

Due to (or es e consequence of):

MONTH

Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Physician/Medical

ABSCESS

Due to (or es e consequence of):

MONTH

Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

ETOH ABUSE, RENAL FAILURE

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings available prior to completion of cause of death?

16 Yes

1 ☐ Yes 2 No

25. Wes cese reterred to medical exeminer? 1 Yes 25 No

28e. Dete of Injury (Month, Dey Year)

1 Inpatient 2 ER/Outpatient 3 DOA 28b. Time of

28e. Plece of Injury - At home, ferm, street, tactory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28. Piece of Deeth (Check only one)

29a. Certifier

27. Menner ot Deeth

1 Naturel 2 Accident

3 Suicide

4 - Homicide

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end manner steted.

29b. Signeture end title of certifier

29c. License number

29d. Dete signed (Month, Dey, Year)

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

Keryl Lohnan, MD

5 Pending investigation

6 Could not be determined

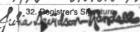
August 20, 1996

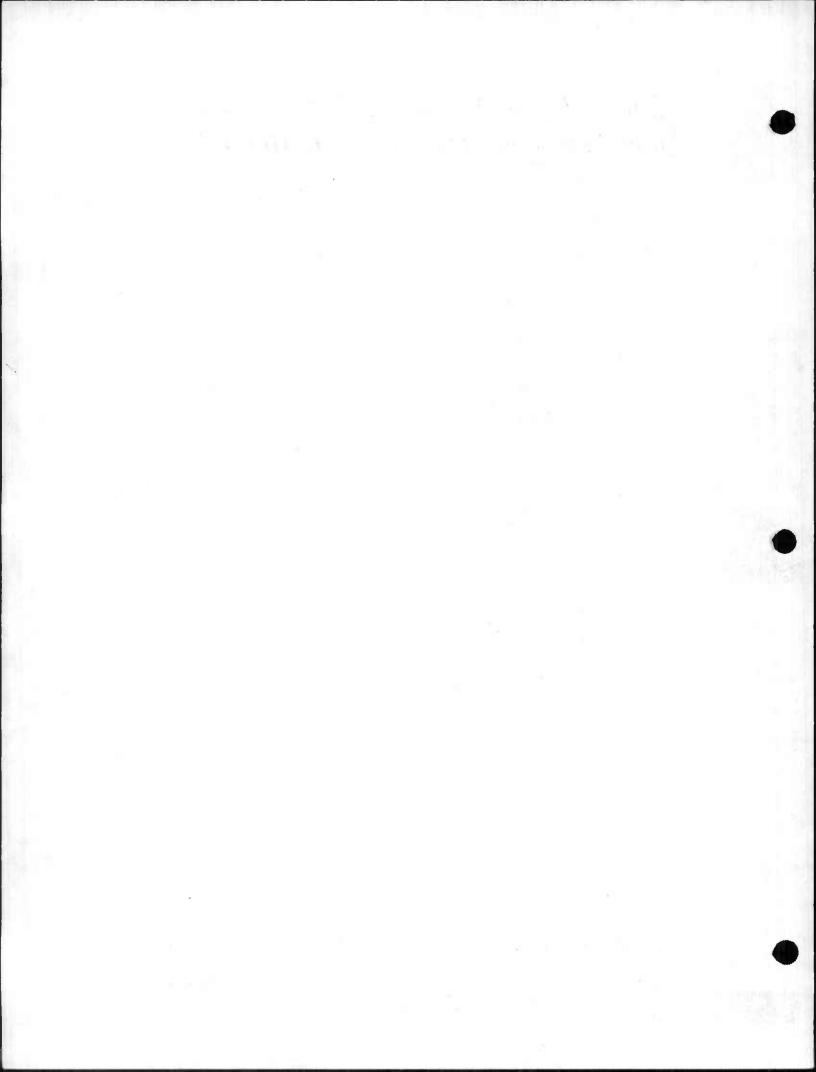
30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

LOHMAN UNION MEMORIAL HOSPITAL BALTIMORE MD 21218 31. Dete tiled (Möñth, Dey, Year)

State

1996 **AUG 13**





FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

10

31. DATE FILEO (Month, Day, Year)

	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (in yrs.	leat birthday)			1	-					ACE (State or Foreign
	218-03-6203		1 🗆 M 2 😾 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.			5		land
	9a. FACILITY NAME (If not in	natitution, give s	treet and number)			9b. CITY,	TOWN C	OR LOCATIO	N OF DE			-		
8			Lane				Bowi	.e				Prin	ice G	eorges
5		_	4		100 000									
DIRE	Maryland		*	S	10e. CI			ION						LIMITS?
AL AL							101	ZIP CODE				10g. CITIZ	EN OF WH	AT COUNTRY?
EB	12611 Br	unswic	k Lane					2071	5			U.	S.	A.
B			FORCES?	YES 2	NO	If yes, specify Cuban, Maxican, Puarto Rican, etc.) Black, Whi						American Indian, White, atc. White		
🖫	(Specify onli Elementary/Secondary (y highest grade	completed)	pleted) (Give kind of work done during most of working life. Do NOT use retired.)					16b. Ki					
M	17 FATHER'S NAME (First Middle Leet)													
	Walter		s Barbe	r				300		1.				
	19a. INFORMANT'S NAME (19b. MAILIN	ADDRESS	(Street a					- 4	Code)	
임	Eugenia M.	Carro	11, (Dau	ghter)	126	11 B:	runs	wick	Lan	e, Bor	wie,	Marvl	and	20715
				20b.PLAG	CE AND DATE	OF DISPOS				OATE				
	4 ☐ Donation 5 ☐ Other	on 3 ∐ Ram r (Specify)	oval from Stata				m. G	ards.	8-	12-96	Bal	timor	e. M	arvland
						22.	NAME A	ND ADDRES	S OF FAC	CILITY				
	▶ Wall	250	SBIO	she 1										
					death. Do		-							Approximate
	ahock, or h	eart fellure.	a.	wee on each I		Fre	20	3	10	-lu	~			Interval Betwee
			OUE TO	O (OR AS A ODN	SEOUENCE (OF):	0	8	1	12'0	172			2400
ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING													
ERTIFIC	CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST													
DICAL C	PERFORMEO? AVAILABLE PRIC												VERE AUTOPSY FINDING VAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?	
Σ	DID TODACCO I	ICT CONT	DIDLITE TO C	ALICE OF D	CATU	rc 🗇	NO F	T UNIC	CDTAIN				1	YES 2 HO
Z			KIBUTE TO CA						EKIAII	MA				
SICI	EXAMINER?	MEDICAL	HOSPITAL:			OTHER	R:		sidence	6 Other (Snec/fv)			
H	27. MANNER OF DEATH		28a. OATE O	F INJURY	28b. Ti	WE OF	28c, IN.	JURY AT				INJURY OCC	UREO	
0			(Month,	Day, Year)	10	JURY			NO					
유	2 Culotes —		26a. PLACE building	OF INJURY — At j, atc. (Specify)	home, farm,	atreat, faci	lory, offic	a					or Rural Ro	ite Number,
MPLE	anal and													and manner as stated.
) BE CC	29b. SIGNATURE AND TITLE	E OF CERTIFIE		gus				29c. LICE	NSE NUR	ABER		29d. DATE	SIGNED (fonth, Day, Year)
	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED	21.8-03-6203 98. FACILITY NAME (# not # 1.2611 Bru RESIDENCE OF DEC 10a. STATE Maryland 10a. STATE Maryland 10a. STREET AND NUMBER 1.2611 Bru 1. MARITAL STATUS 1 Never Married 2	12611 Brunswick RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10a. STATE 10b. COUNT 10a. STREET AND NUMBER 12611 Brunswick	218-03-6203 1 M 2 X F 98. FACRUTY NAME (# not inalitution, give street and number) 12611 BrunsWick Lane RESIDENCE OF DECEDENT 109. STATE 109. COUNTY Maryland Prince George 109. STREET AND NUMBER 12611 BrunsWick Lane 11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 3 Married 1 Never Married 2 Married 1 Never Married 3 Married 1 Never Married 4 Divorced 1 Never Married 5 Married 1 Never Married 6 Married 1 Never Married 7 Note (Specify) Elementary/Secondary (0-12) Walter Thomas Barbe 199. INFORMANT'S NAME (First, Middle, Last) Walter Thomas Barbe 199. INFORMANT'S NAME (First, Middle, Last) Walter Thomas Barbe 190. METHOD OF DISPOSITION 1 Note of Disposition 1 Note of Disposition 1 Note of Disposition 1 Note of Disposition 1 Note of Disposition 1 Note of Disposition 1 Note of Disposition 2 Note of Note of Note (Specify) 2 Note of Not	21.8-03-6203 1 M 2 X F 80 99. FACILITY NAME (if not institution, give street and number) 12611 Brunswick Lane RESIDENCE OF DECEDENT 109. STREET AND NUMBER 12611 Brunswick Lane 11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 3 Married 1 Never Married 3 Married 1 Never Married 4 Divorced 1 Never Married 5 Never Married 1 Never Married 6 Never Married 7 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Marr	21.8-03-6203 1 M 2 F 80 YRS.	Se. FACRUITY NAME (if not institution, pive street and number) 96. CITY.	September Sept	21.8 - 0.3 - 6.20.3 1	21.8-0.3-6.20.3 Description	218-03-6203	218-03-6203	218-03-6203 1 M 2 M 9 80 VYR. SOUTHER DATE SOURCE OF THE STATE OF THE	218-03-6203 M 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Nelson Goodman, M. D. 3231 Superior Lane, Bowie, Maryland 20715

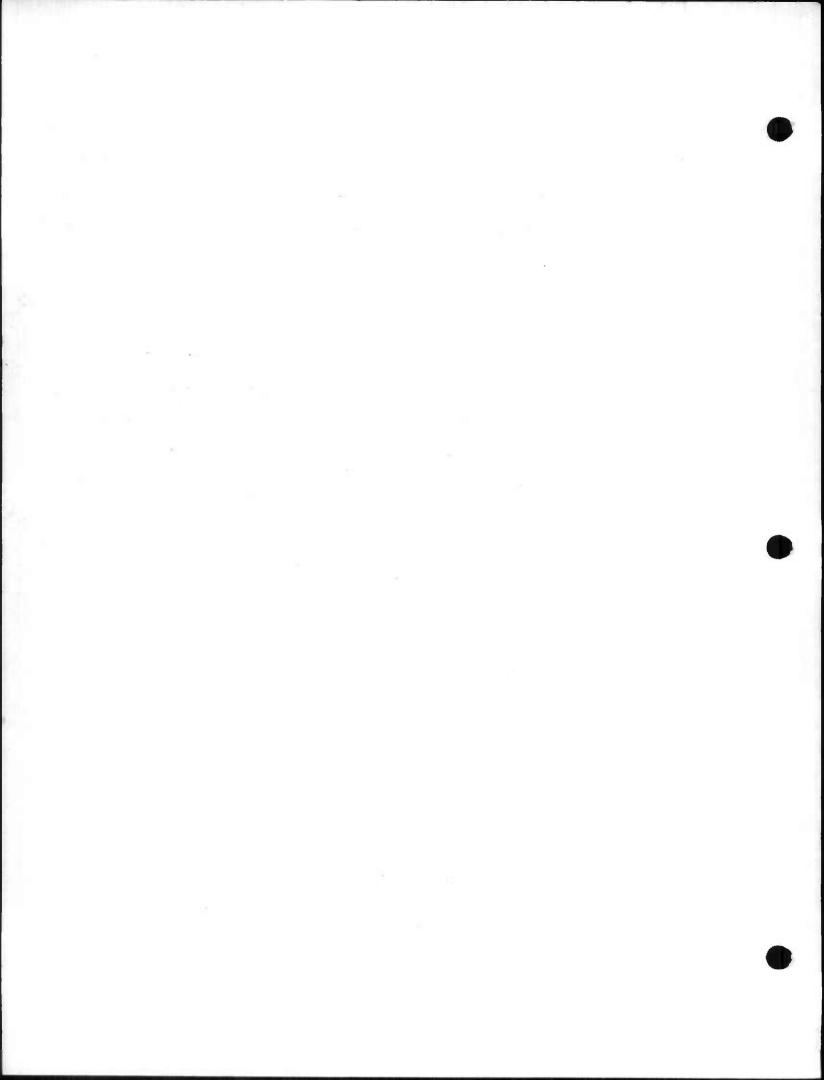
32 REGISTRAR'S SIGNATURE

Margaret Mary Donohue

CERTIFICATE OF DEATH

96 23845 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH MONTH 3. TIME OF DEATH DAY YEAR August 8, 1996 10:35 A. 8. BIRTHPLACE (State or Foreign Country) Maryland 9c. COUNTY OF DEATH Prince Georges 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U. S. A. s or No-14. RACE — American Indian, Black, White, atc. Specify: White USINESS/INDUSTRY n Home n Sumame) Henry wn, State, Zip Code) Maryland 20715 OCATION -- City or Town, State ltimore, Maryland Of Dundalk, Inc. ore, Md. 21222 piratory arrest, Approximate Interval Between **Onset and Death** N AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE ORMEO? 2 10 1 YES 2 ... NO INJURY OCCUREO

DHMH-16 Rev 1/89



			9			Certific	ate of	Death		Reg. No.	20	2009	
	Physic /Med		1. Decedent's Nama (First, Middla, L	bo bo	NWN	ŧγ			2. Date of Di Month	aath Day 6	1996	3. Tima of Death	
	Exami		4a. Facility Nama (If not institution, gi	va street and number) MD W	IED	SYST	EM	4b. City, Town, or BAL	Location of Dear	th 4c. County			
	Funeral Director		213 14 3738	Sax 7. Aga 120 M 2□ F	(In yrs. last.	birthday) If Ur Yrs. Mont	der 1 Year hs Days	If Under 24 Hrs Hours Min	8. Data of Bi (Month, D OCt • 2	th Year 1921	9. Birthpiad Country Mary	ce (State or Foreign 1) land	
	pue *		Usual Residence of Decedent 10e. Steta 10b, County		10c City To	own or Location					10d. Insida City Limit		
	ith with the Marylar 23s or 28s-f show	ector	Maryland Anne Anne Anne Anne Anne Anne Anne An			imore	7. 0					1 ☐ Yes 2 🕱 No	
	ath with	Funeral Director	107 - 17th Aven				Zip Code 212:			10g. Citizan of What Country? U.S.			
15-0020	ours efter dea rai', or items	by	11. Maritel Status 1 □ Naver Marriad 2 🕱 Marriad 3 □ Widowad 4 □ Divorcad	12. Was Decedent Ev Armed Forcas? 1 ☑ Yas 2 ☐ No If Yas, Giva Yaar or Dates: ₩		1 \(\tau_{\text{var}} \)	cedant of I pecify Cub 2 2 XNo	dispenic Orlgin? (S an, Maxicen, Puer Specify:	Specify Yas or Note Ricen, atc.)	14. Rad Bia Specif	ce - Amarican ck, Whita, ato Whi		
	C 4	Completed	15. Dacedant's E (Specify only highast gr Eiamantary/Sacondary (0-12) 8th	ducation ada complatad) Collega (1-4or 5+)		ia. Decedant's U (Giva kind of lifa. DO NO Police	work dona Tusa retire	during most of wo d)	rking		16b. Kind of Businass/Industry Baltimore City		
Maryland 2	should be filed withing Mental Hygiene. marked other than matic event, too M	To Be C	17. Fathar's Nama (First, Middla, Las.	John Samuel	Downe			18. Mothar's Na	ma (First, Middle	, Maldan Surnan			
ore, Mai	nd 2 sho lith and N 27 is ma		19a. Informant's Name/Raiationship			9b. Mailing Addr 201 - 1		and Number or Rivenue		oer, City or Town,			
	00		20a. Mathod of Disposition 1 XBurlal 2 Cramation 3 C 4 Donation 5 Other (Speci		cema	of Disposition (nary, cramatory of State Ve	or othar pla	1	Data	20c. Location	City or Town		
Balt	permit. Pag Department Important: I any injury o		21. Signature of Funeral Service Lice	ramirole	ski	4001	Ritch	nss of Fecility	ay Bal	Funeral timore,	Md. 21	1225	
	Physician /Medical Examiner		23a Part1. Entar tha disease of shock, or haart failura. Immediata Causa (Final diseasa or condition rasulting in daath)	plications that causad the ona causa on each line. ACUTE							0	pproximata tarvai Batween nsat and Death 4 d ougs	
100		iner	rasulting in daati)			a consaquance		al de	fect				
	end end I-trans	Examiner	Sequentially list conditions,		ua to (or as	a consequance	of):		9		i		
,09	be exician burie		Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury	· Liver	Tai	ture							
x 68760,	death certificete be executed e ettending physician end of for use es the buriel-transit	Medical	that initiated evants resulting in death) Last	d.	ua to√(or as a	consequance o	f):						
Box	death cer	ician	Dod II. Other significant conditions	antilities to donte but in		to the control to		to be provide	005 814				
s, P.O.	thet the led by th deteche	by Physician/I	Pert II. Other significant conditions (Renal	ailure	not resulting	in the underlyin	g causa gr	/en in Pert I.				e cause of death:	
of Vital Records,	aw requir	Completed b							24a. Was	an autopsy ormed?	availe	autopsy findings bia prior to lation of ceuse ath?	
E R	Page 9	Con							12	Vas 2□No	1 □ Y	as 2000	
Vita	Physician: The this certificate ral director, par	Be	25. Was cesa rafarred to medicel axaminar?	Hospital			011		ath (Check only	ona)			
of	S S	2	1 Yas 2 No	Hospital:			DOA Oth	4 LI Nursing F		dance 6 □Oth			
Division	is of Attending Ph is effer death. In Director: After the ed in by the funeral	Certification:	27. Manner of Death 1 Natural 5 Panding 2 Accidant invastigatio 3 Sulcide 6 Could not b		'ear) 28b	Tima of Injury M	28c. Injui Wor	y et k? Yas 2 □ No	28d. Describe	how injury occur	red		
Divi	ital or Att its efter d al Direct led in by	Certifi	3 ☐ Sulcide 6 ☐ Could not be datamined	28a. Place of Injury building, atc. (- At homa, (Specify)	farm, straat, fac	ory, office		28f. Location (City or To	Straat and Numb wn, State)	er or Rural R	outa Number,	
	To the Hospital or At within 24 hours efter of To the Funeral Direct completely filled in by	edical	29a. Certifiar (Check only one) Certifying Pt 2 Medical Example 1	yelcian: To the best of n niner: On the basis of ax and mannar stated	camination a	ga, daeth occurr nd/or Invastigati	ed at tha tir on, in my o	na, data end plece pinion, daath occu	, and dua to tha rred at tha tima,	causa(s) and ma data and piace,	annar as stete and dua to the	d. a ceuse(s)	
	Tot com	Σ	29b. Signeture end title of certifiar	Huma 16	2.16	Ma	29c. Licens	e number		29d. Date signe	d (Month, Da)	y, Year)	

State

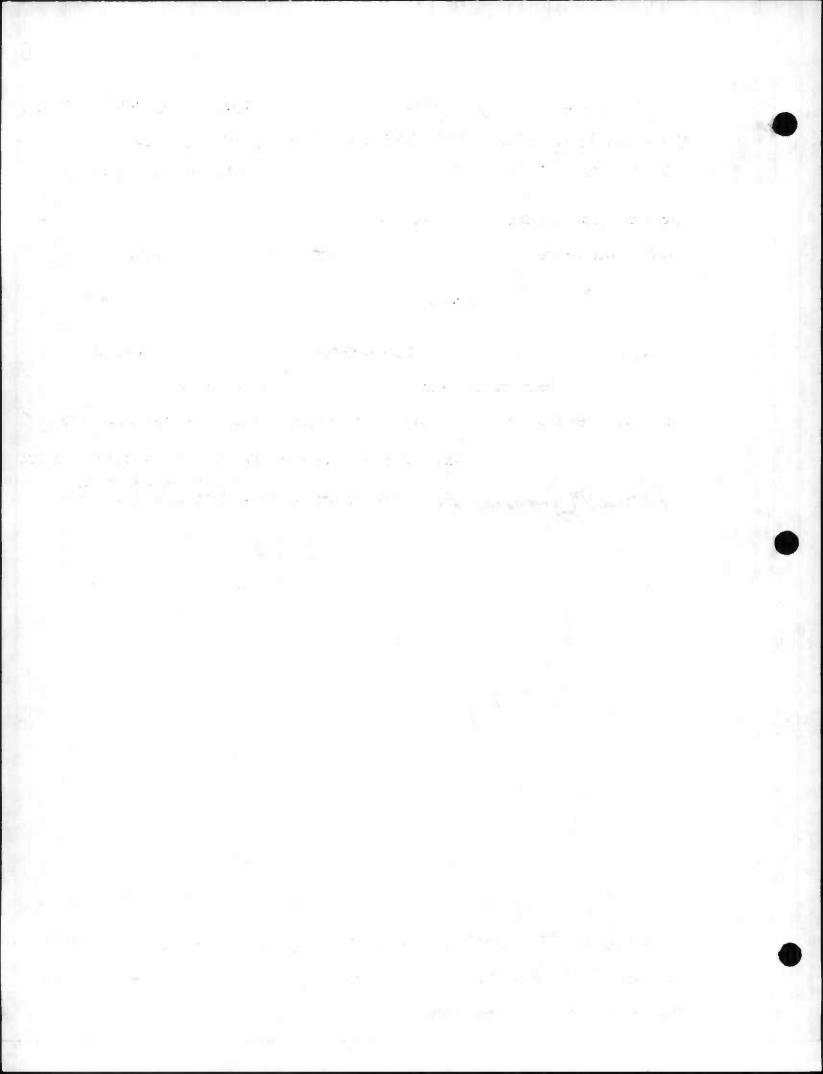
Registrar

31. Data filed (Month, Day, Year)

Allic 1 3 1996

30. Nama and address of person who complated causa of daath (item 23a) (Type, Print)

ILEANA GHEDRGHIU, M.D. 32. Registrar's Signatura



MARYLAND 21215-0020	Man 44 44 4
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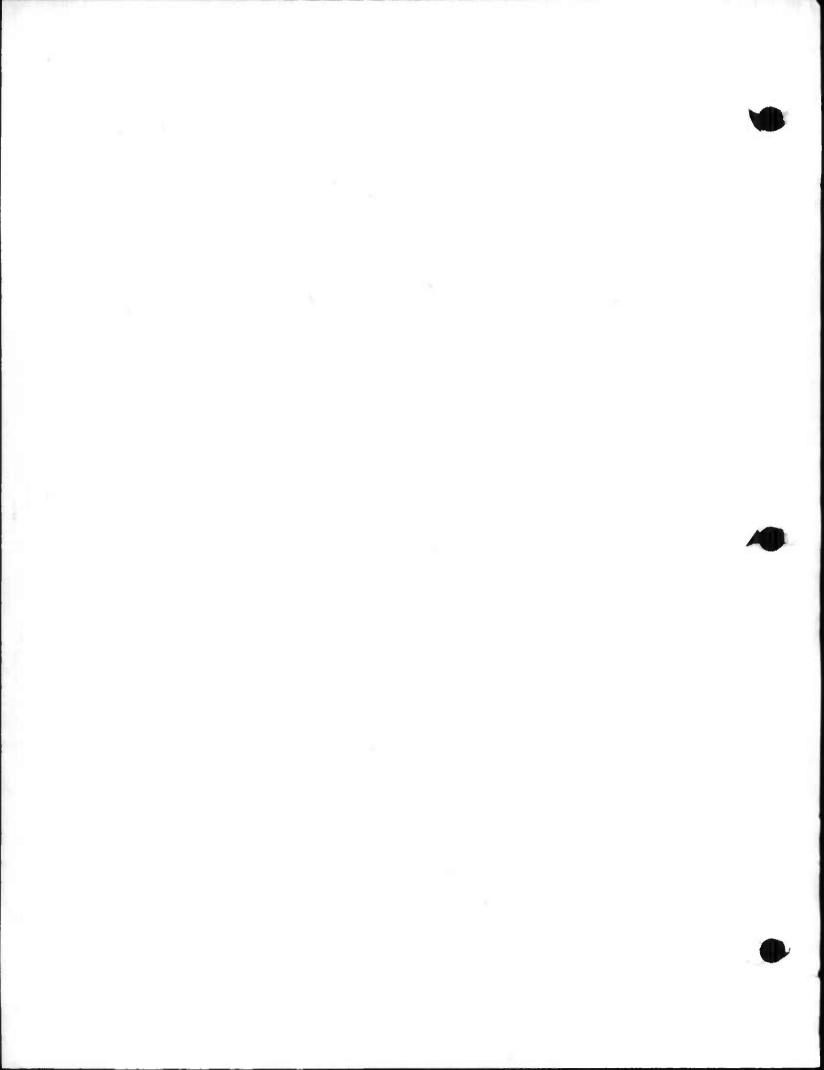
DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HISTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within phours after death. Page 6 may be retained by the hospital or attending physician.

THE HINTAL ORECTOR: After this certificate has been signed by the attending physician and complete, bd in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended to the signed by the attending physician or temoral. The page 1, 2, 3 should be attended to the signed by the attending physician.

FOR 1 STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last) Catherine Daven Dont 2. Date of Death Month Day year 210 AM M											
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. legt birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year) Country) A BIRTHPLACE (State or Foreign											
	9e. FACILITY NAME (If not institution, give street and gumber) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
DIRECTOR	Sandtown-Winchester Balting City Baltimore											
E S	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
	MD Baltimore Baltimore 12 yes 2 NO											
FUNERAL	1000. N. 9.1 mor St Butto MD 21217 U.S.A.											
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Merried 12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc.											
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, atc.) If yes, specify Cuben, Mexican, Puerto Rican, atc.) If yes, specify Cuben, Mexican, Puerto Rican, atc.) Black, White, etc.											
ED	16. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working											
	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)											
MP	390 GRAGE Domestic PRIVATE Homes											
COMPLET	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)											
BE	UNKNOWN UNKNOWN											
0	196. INFORMANT'S NAME (Nype/Print) 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)											
-	William Wilder 1315 N. Milton Avenue, Baltimore, MD 21213											
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State completely complete											
	4 Donellon & Other (Specify) MT. ZION CEMETERY 8-15-96 LANS down &, Maryland											
	22. NAME AND ADDRESS OF FACHLITY JOSEPH H. BROWN, JR. FUNCRA! HO											
	2140 N. Fulton Ayenue Baltimore, MD 21217											
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate											
	ahock, or heart failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final disease or condition Tresulting in death) a. CANCER OF BREAST 1 YEAR											
	reaulting in death) a. OUE TO (OR AS A CONSEQUENCE OF):											
-												
ē	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING											
빌	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
ᇤ	resulting in death) LAST											
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS											
DICAL	PERFORMED? AMAILABLE PRIOR TO											
	DIABETES MELLITUS 1 YES 2 NO 1 YES 2 NO											
Σ												
N N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO UNCERTAIN S. WAS CASE REFERRED TO MEDICAL 28 PLACE OF DEATH (Check only one)											
PHYSICIAN:	EXAMINER? HOSPITAL: OTHER:											
1×S	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)											
ВУ РН	27. MANNER OF DEATH 1 Action 1 See Date Of Injury (Month, Day, Year) 280. DATE OF INJURY (Month, Day, Year) 280. DATE OF INJURY AT WORK? 1 YES 2 NO											
⊞	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)											
LET	29e. CERTIFIER											
COMPL	Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, daeth occurred at the time, date end place, end due to the ceuse(s) and manner as stated. MEDICAL EXAMINER: On the baste of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner es stated.											
ш	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
8	20 - Sets D33407 >8/10/96											
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) DEPAK SETH M.D. SYITEHIS DEPAK SETH M.D. SYITEHIS											
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 02											
	AUG 13 1996 Unavidson-Mandall											



State of Maryland / Department of Health and Mental Hygiene

23848 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** ROBERT RAYMOND EMINIZER 6,1996 st /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** BALTIMORE N/A HARBOR HOSPITAL CENTER If Under 24 Hrs. 8. Data of Birth (Month, Dey, Year) Aug 9, 1923 If Under 1 Year Months Deys 5. Social Sacurity Number 7. Aga (In yrs. lest birthdey) Birthplaca (Steta or Foreign Country) **Funeral** Months XXM 2 F 215-16-7224 Maryland Director Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d, Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f show treumatic event, the Modical Examiner must be notified at Maryland N/A Baltimore (Brooklyn) XX Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4217 Doris Avenue USA 21225 permit. Pages 1 and 2 should be filed within 72 hours after death w Department of Health and Mental Hyglena. Important: If Hem 27 is marked other than "natural", or itema 23e ent injury or other treumatic event, the Mental Purples on the Purples of the Mental Purples. Funeral 12. Was Decedant Evar In U,S. Armed Forcas? 14. Race - American Indien, Bleck, White, etc. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, atc.) 1 ☐ Nevar Merried 2 ☑ Merried 1 ⊠ Yes 2 □ No If Yes, Give Yaar or Detes: WW 2 1 Yas 2 X No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working
life. DO NOT use retired)

Retired Senior Watch Engineer Balto. Gas & Electric 15. Decedent's Education (Specify only highest grada completed) Elementery/Secondary (0-12) College (1-4or 5+) 17. Fethar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Captain Albert George Eminizer Viola Annie Cook 10 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mr. Robert R. Eminizer, Jr. 4217 Doris Avenue, Baltimore, Maryland 20b. Pleca of Disposition (Name of cametery, cremetory or other place) 20a. Mathod of Disposition Dete 20c. Location - City or Town, State 1 ⊠ Burlel 2 ☐ Cremetion 3 ☐ Removel from Stete Cedar Hill Cemetery Aug. 9, 1996 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Someture of Funaral Service Licensee Kevin E. 22. Name end Address of Fecility Ecker McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Baltimore, Md. 21225-1856 23a. Perft. Enter the disaase, or compilications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximete Interval Between Onset end Death **Physiclan** /Medical Immediate Cause (Final disease or condition resulting in death) HIGH OUTPUT CARDIAC FAILURE Examiner Due to (or es e consequence of): Examiner POSSIBLE SEPTICEMIA Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in daath) Last Box 68760 physician Attending Physician: The law requires that the death certificate be Physician/Medical the Due to (or es e consequence of): Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown CANCER OF PANCREAS by 24b. Were eutopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed GI BLEED To the Hospital or Attending Physician: The within 24 hours after death.

To the Funeral Director After this certificate I complately filled in by the funeral director, pag 1 Yes 2 No 1 Yas 2 No 25. Was case referred to medical examiner? Be 26. Placa of Deeth (Check only ona) Hospitel: 12 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) Certification: To 1 Yas 2 No 28a. Dete of Injury (Month, Day Year) 27. Menger of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 5 Pending Investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 ☐ Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and mannar stated. 29a. Certifier Medical (Check only one) 29c. License numbar 29b. Signeture and titla of pertifier 29d. Data signed (Month, Day, Yaar) AS 244116-44 Ayut 6, 1996 M.D. 30. Neme and eddress of person who completed cause of desth (Item 23e) (Type, Print) 10 FER EREN, M.O. 3001 S. HANOUER ST. BALTO, MD 21225 31. Deta filed (Month, Dey, Year) 32. Registrer's Signeture State " yelsen- Ranchelle Registrar 3 1996

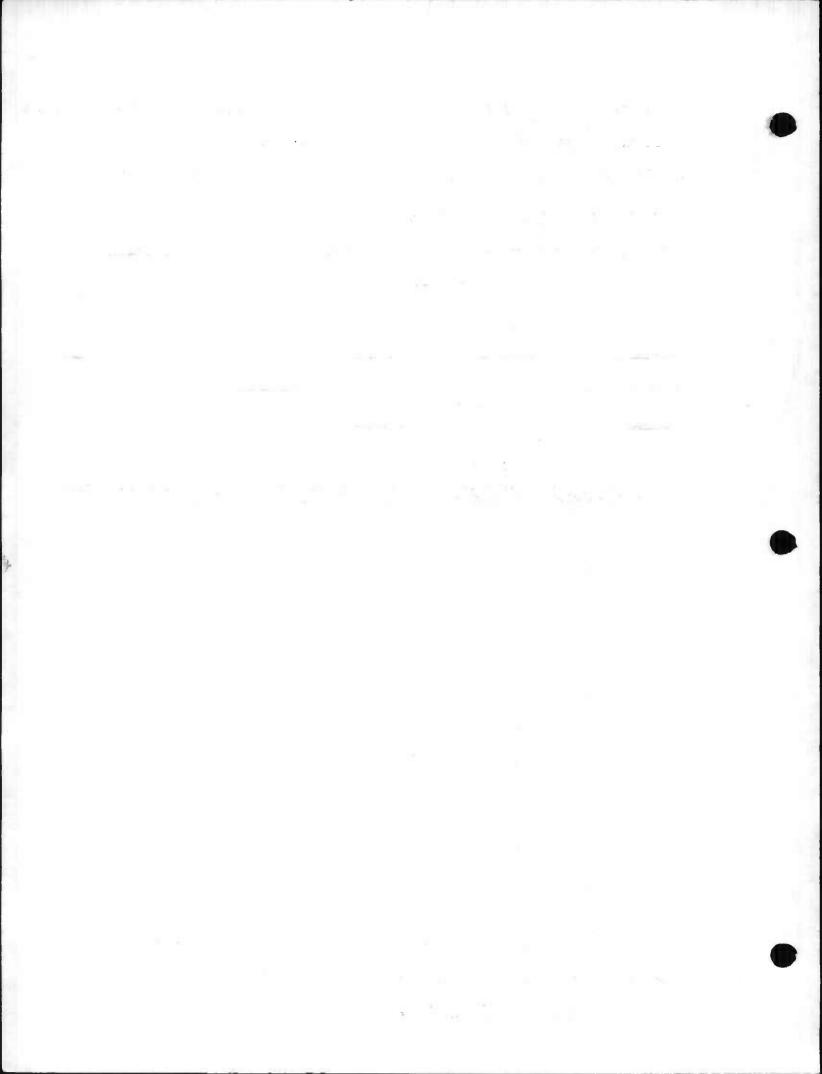
DHMH 16 Rev 6/95

Amended item #24a, g-738, 8/14/96emh per physician ITEMS: 109,12,15,16a,16b,17, Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 18,19a,19b, PER SISTER FILM 6-738 State of Maryland / Department of Health and Mental Hygiene 8/28/96 t.t Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Data of Deeth 3. Time of Deeth Day Month **Physician** Charlie 23, June 1996 12:01 a.m. /Medical 4c. County of Death 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner Suburban Hospital Bethesda Montgomery If Undar 1 Year If Undar 24 Hrs. 8. Deta of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Days Months 1 M 2 □ F Sept. 24, 1925 Director 215-36-4181 Samoa Usuei Rasidence of Decedent death with the Marylend 10a. Steta 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or itams 23a or 28a-f show other traumatic event, the Medical Examiner must be inclined at 10d. Insida City Limits Chevy Chase Maryland Montgomery Director 1 Yas 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5079 Bradley Boulevard - #3 20815 . unbnown USA 12. Was Decedent Ever in U,S. Armed Forces (11 III by CUIVI) 1 ☐ Yes 2/1 No if Yes, Give Yaar or Detes: or itams Was Dacedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Raca - American Indien. permit. Pages 1 and 2 should be filed within 72 hours effer of Department of Heelth and Mental Hygiene. Important: if frem 27 is marked other than "natural", or itan any Injury or other traumatic event, tra Medical Essentian and Deba. Bleck, Whita, atc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: White Specify: þ 3 ☐ Widowed 4 ☐ Divorcad Completed 16e. Decedent's Usuei Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) CONSTRUCTION Coilege (1-4or 5+) CARPENTER unknown иприони 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be unbrown LEAUPEPE TON KONE FROST LUNDHOWN SEUGALEFETU TON KOME FROST 2 19e. informant's Neme/Relationship (Type, Print) (SISTER) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) TUITOF'A F'ROST OVIEDO LUNCHOUNE 2446 SUNVALLEY CIR. SILVER SPRING, MD. 20906 20e. Method of Disposition 20b. Piece of Disposition (Neme of cematary, cremetory or other plece) 20c. Location - City or Town, Stete Method of Disposition

1 □ Burial 2 □ Crametion 3 □ Removal from State 4 □ Donetion 5 ♥ Other (Specify) State rem 21. Signeture of Funeral Sarvice Licensee 22. Name and Addrass of Facility wade Dir Ronald S. Wade State Anatomy Board-655 W. Baltimore Street 23a. Part1. Enter the disease, or compilications that caused the deeth. Do not antar the mode of dying, such as cardiec or respiratory arrast, shock, or heart feilure. List only one ceuse on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical immediete Ceuse (Finel Multiple diseese or condition resulting in death) **Examiner** Examiner buriel-trensit that the deeth certificate be executed Sequentieily list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest and Due to (or es e consequence of): physician s the buriel Box 68760, Physician/Medical Dua to (or as a consequence of): 980 Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t d be detach 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings avaliable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed hes page 2 certificate 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: 25. Wes casa referred to medical examiner? B 26. Piece of Deeth (Check only one) Hospitei: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 DInpatient Certification: To 1 ☐ Yes PE No 2 ER/Outpatient 3 DOA this 28a. Dete of injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred After 1 Weturei 5 Pending effer death. 1 ☐ Yes 2 ☐ No 2 Accident Investigetion 6 Could not be determined 3 Suicida 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Place of injury - At home, farm, streat, fectory, office building, etc. (Specify) 4 Homicide To the Hospital c within 24 hours of To the Funeral D edical 29a, Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as stated. pletely 2 Medical Examiner: On the besis of axamination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end manner stated. (Check only one) 29b. Signatura and titla of certifiar 29c. Licensa number 29d. Data signed (Month, Dey, Year) your, MD 45076 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Au, 31. Dete filed (Month, Dey, Year) 22. Registrer's Signeture AUG1 3 1996 whis Stwelson Ravially

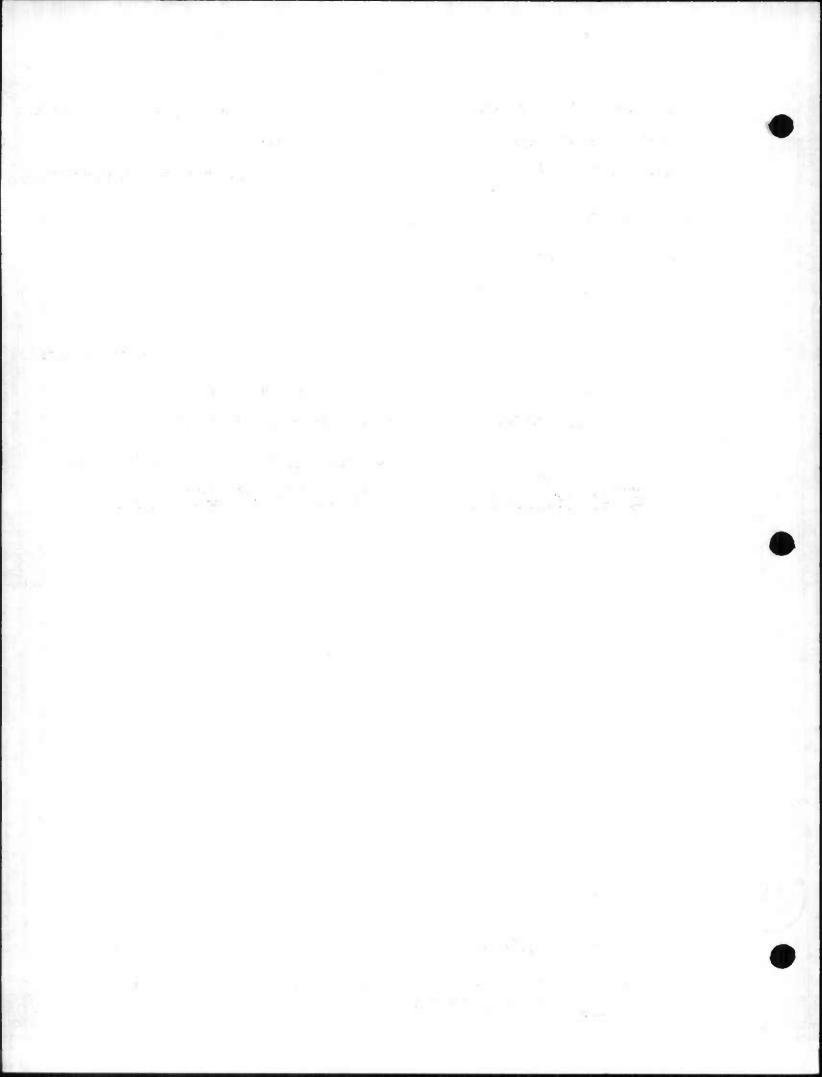


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

23850

						Ce	піпсат	e or	Death			Reg. No.				
D		1. Decedent's Nam	e (First, Middle, L	ast)							2. Date of D Month	eath Dav	Year	3. Time of Death		
Physicia /Medic		Steven	С.	Fit	ch						Aug.		996	8:40 AM		
Examin	_	4a. Facility Name (I	If not institution, g	ive street and n	umber)				4b. City, To	own, or L	ocation of Dea		inty of Deeth			
	•	1705 Flo	eetwood	Drive					Bel	Air		Harford				
Funeral		5. Sociel Security N	lumber 6.	Sex	7. Age (In yrs.	last birthdey)	y) If Under 1 Yeer if Under 24 Hr				8. Date of B	irth	9. Birth	place (State or Foreign		
Director		218-68-8	220	10XM 2□F	40	Yrs.	Months Days Ho		Hours	Min.	Aug. 25	9 <i>y, Year)</i> 1955	Ralt	intry)		
		Usual Residence of	f Decedent								nog. 20	, 1000	Dare	inioic, na.		
8 ts		10e. Stete	10b. County		10c. Cit	y, Town or Lo	ocation							10d. fnside City Limits		
1 2	to	Maryland	Harfor	ď		BelAi:	r							1 ☐ Yes 2 🖺 No		
28e	9	10e. Street and Nu	mber				10f. Zip	Code				10g. Citizen	of What Cor	untry?		
0 8		1705 Fle	etwood F	ni ve				2	1015			11.000	S.A.			
25	Funeral Director	11. Maritel Stetus	COWOOD L		cedent Ever in U	S 13	Was Darer			lain? (Sr	acity Vee or N			ican Indian		
The Table	5		ied 2 Married	Armed F		,0.	If Yes, spec	cify Cub	an, Mexica	n, Puerto	pecify Yes or N Rican, etc.)	c.) Bleck, White, etc.				
lei Hygiene. d other than "natural", or items 23s or 28s-1 show event, the Medical Examiner must be notified at	by	3 Widowed	* *	If Yes, G	ive		1 🗆 Yes	2 🙀 No	Specify	:		Spe	city: Wh	ite		
al R	8		15. Decedent's I		Daigo.	16a Daga	dent's Usua	al Occur	nation			16b. Kind of Business/industry				
iene. r then natur the Medical	Completed	(Spec	city only highest g	rade completed)	(Give	kind of wo	rk done	during mos	st of worl	king	Tob. Kind C	DUSINESS/I	thplace (State or Foreign outry) timore, Md. 10d. finside City Limits 1 Yes 2 No ountry? srican Indian, te, etc. hite Vindustry 1 Savings B Zip Code) Town, State Yland 087 Approximate interval Between Onset end Death Onset end Death Trobably 4 Unknow Were autopsy findings available prior to condeathon of cause of death? Were autopsy findings available prior to condeathon of cause of death?		
Hygiene. ort, the Ment	E	Elementary/Seco	ndary (0-12)	2 College	(1-4or 5+)	Bani		30 101110	,			Kov E	ndonol	Covinge P		
Hygin nt, th	ပိ	17. Father's Name		at)		Dail	VCI		18 Moth	arie Nam	e (Eiret Middle	ddle, Meiden Sumeme)				
	Be			»(/								e, Mercell Sur	neme)			
th end Mentel Hygie 7 Is marked other to traumatic event, to	70	Carroll							-		Carey					
end eur		19e. Informant's No				1					ral Route Num			ip Code)		
Health em 27		Debra L		(Wife)		1			od Dr	rive	BelAi	r,Md. a	21015			
T of H		20a. Method of Disj		□Domouel from		Place of Disponentery, cre-	osition (Nar metory or o	ne of ther ple	ce)		Dete	20c. Location	, Md . 21015 20c. Location - City or Town, State			
Department of Health Important: If them 27 I any injury or other tr			☐ Cremation 3 5 ☐ Other (Spec		Be	lAir M	em.Gd	ns.	Aug.	9.1	996	BelAi	r Mary	land		
orta inju		4 Donation 5 Other (Specify) BelAir Mem.Gdns. Aug. 9,1996 BelAir, Ma 21. Signature of Funeral Service Lication E. F. Lassahn Funeral Home											I JITUI	Tana		
8 5 8			14	,	1 1		E. F.	Las	ssahn	Fun	eral Ho	dome gsville,Md.21087				
	-	Co.	TOX	rssai	ex	- D	11/50	Be.	laır	Road	Kings	ville,	Md.210			
		23a. Part1. Enter to shock, or hee	rt failure. List onl	y one cause on	eech line.	n. Do not en	ter trie mioo	ie or oyi	ng, such as	cardiac	or respiretory	arrest,	1	Interval Between		
nysician Medical							,						1	Oriset end Death		
xaminer		Immediate Cause (disease or condition resulting in death)	n	a	1 selly	h /	14/1	Con	-					27 MD		
- C	-	Toodking in County			Due to (c	or as a conse	quence of):						1			
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ise es the burletransit	xan	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or as e consequenca of):														
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the at	Physicia	Pert li. Other signif	Icant conditions	contributing to o	death but not res	ulting in the u	nderlylng c	ause gi	ven in Pert	I.	23b. Dic	tobacco use	contributs	to the cause of death?		
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as been signed by the atte 2 should be detached for	Set			1							pen	omed?	0	ompletion of cause		
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certificate rector, pag		DE Was seen	and to me the d	T								Yes 2UN	0 1	⊔ fes 2∐ No		
this certific	Be	25. Was case reference examiner?		Hospital:				Ott	hor		th (Check only					
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To to	cat	2 ☐ Accident 3 ☐ Sulcide	Investigation 6 Could not	he			M		Yes 2	INO	00/ 1	10.		15 ()		
n by	틭	4 Homicide	determine	288. Plac	e of Injury - At he ling, etc. (Specif	ome, ferm, st v)	reet, fectory	, office			City or To	(Street and Ni own, Stete)	um <i>ber or R</i> u	rai Houte Number,		
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of matter and		a	the c	- Ac	Just	M	0	D	1000	71		81	6150			
10	ŀ	30. Name and addre	ess of person who	completed cau	se of death (Item	1 23a) (Type	Print)			-		,				
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negistic	a1	YOUT!	0 1330	/		-										



12

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Kris

Ε.

31. DATE FILED (Month, Dey, Year)
AUG 1 3 1996

Kuhn,

TO BE COMPLETED BY FUNERAL DIRECTOR

			MENT OF HEALTH AN		L HIGIENE		
REGISTRAR		CERTIFIC	ATE OF DEATH		REG. NO.		
DECEDENT'S NAME (First, Middle, Last)	T.11.			2. DATE	OF DEATH	YEAR	3. TIME OF DEATH
	n Fiddes			m	yest 9.	1996	5:30 PM
	5. SEX		F UNDER 1 YEAR	(Mont	ор вияти h, Day, Year) 19/1923	Coun	THPLACE (State or Foreign stry) Itimore
St. Elizabeth's Reh	bilitations Nu	4	Bathhare	OF DEATH		BOLLIN	DEATH
STATE 10b. COUNTY		1	TOWN OR LOCATION				I was to the same of the same
	altimore			yland			10d. INSIDE CITY LIMITS? 1 YES 2 NO
5945 Baltimor	e Ave.		10f. ZIP CODE 2120	7	10g. (USA	WHAT COUNTRY?
MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF H If yes, specify Cuban, M 1 YES 2 NO	lexican, Puerto		- 14. RAC Blac Spe	CE — American Indian, ck, White, etc. City: White
15. DECEDENT'S EDUCA		16a. DECEDENT'S US		161	. KIND OF BUSINESS	INDUSTRY	
(Specify only highest grade of Elementary/Secondary (0-12) 12 Years	College (1-4 or 5+)	Ilie. Do NOT use n	k done during most of working etired.)		in her o	own 1	nome
FATHER'S NAME (First, Middle, Last)				'S NAME (First.	Middle, Malden Sumem)	
Charles Worth	nington		He1	en St	einbach		
Donald R. Fid	ldes		Baltimore A				. 21207
De. METHOD OF DISPOSITION Description D	mi from State	b. PLACE OF DISPOSITE other place)	ION (Name of cemetery, cremetor	y or	20c. LOCATION	— City or 1	Town, State
☐ Donetion 5 ☐ Other (Specify)	La		Memorial Ce	emeter	v Syke	svil	le, Md.
I. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	200	22. NAME AND ADDRESS	OF FACILITY			
G	y oftenor	from the same from					
יין משתוושיין	1	Jonny.	G. Truman	Schwa	b Funer	al H	ome P.A.
G. TRuman Sc	chwab	Je ma	5151 Balto	Nat1	.Pike.B	alti	ome P.A.
3. PART I. Enter the diseases, or co	chwab		5151 Balto	Nat1	.Pike.B	alti	more, Md. 21
3. PART I. Enter the diseases, or co ahock, or heart failure. Li	chwab		5151 Balto	Nat1	.Pike.B	alti	more, Md.21
3. PART I. Enter the diseases, or co ahock, or heart failure. Li MMEDIATE CAUSE (Final isease or condition	chwab		5151 Balto	Nat1	.Pike.B	alti	More, Md. 21 Approximate Interval Between Onset and Death
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3. PART I. Enter the diseases, or co ahock, or heart failure. Li MMEDIATE CAUSE (Final disease or condition	chwab Implications that cause lat only one cause on a Sepsi	A CONSEQUENCE OF):	5151 Balto	Nat1	.Pike.B	alti	More, Md. 21 Approximate interval Between Onset and Death
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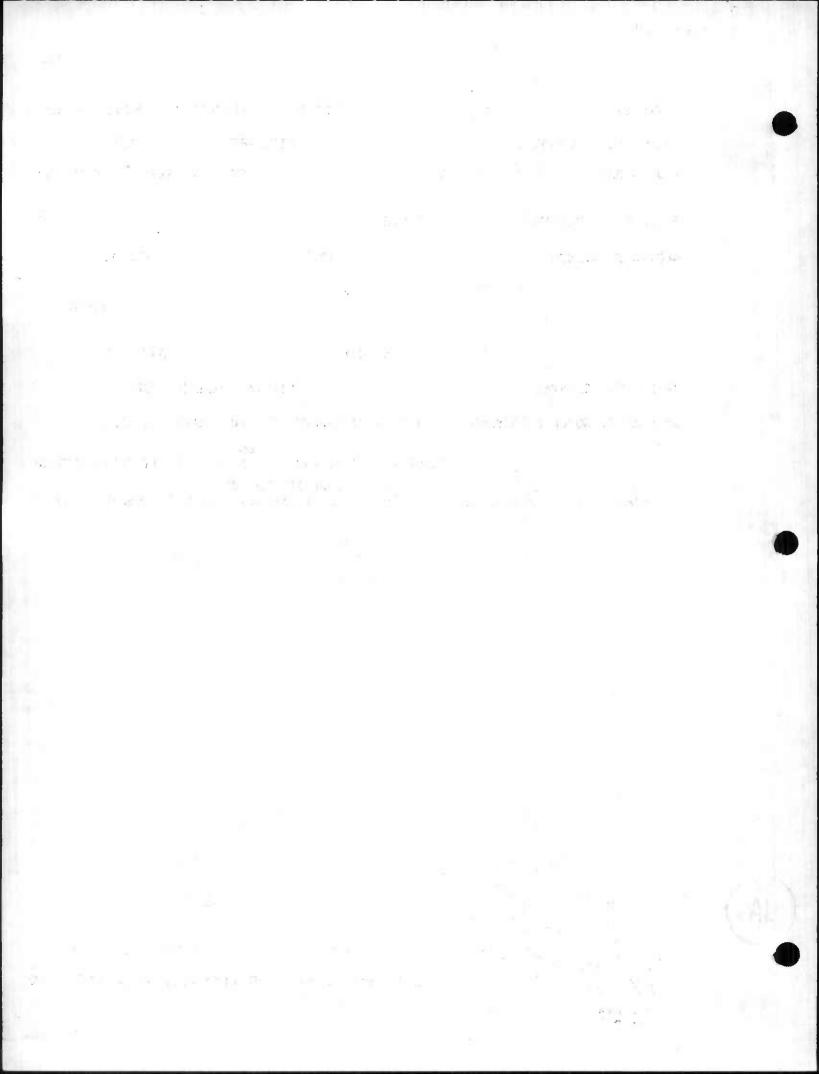


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State of Maryland / Department of Health and Mental Hygiene 96 23852

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	(Check only one) 29b. Signature and title of	certifier	on the bas	r slatad.	1 23a) (Type	29c.	Licanse	M.E.		29d. Dala signa	11, 1	Day, Year)		



State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Des **Physician** KOBERT L. HUDSON 08 96 1450 05 /Medical 4a. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner UNIVERSITY HOSPITAL BALTIMORE N/A If Under 24 Hrs. 8. Date of Birth Hours Min. DEC 30, 1964 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthdey) 9. Birthpiace (State or Foreign **Funeral** Months Devs 10XM 20 F 31 MARYLAND 259-08-2097 Yrs. Director Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ir than "natural", or items 23a or 28a-f show the Wedical Examiner must be notified at XX Yes 2 No MD. Directo N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 822 EAST COLDSPRING LANE 21212 USA Funeral death 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No If Yes, Give Rece - American Indian, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) filed within 72 hours after Never Merried 2 Married Baltimore, Maryland 21215-0020 1□ Yes X No Specify: þ 3 Widowed 4 Divorced BLACK Yeer or Dates Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Il Hygiena. $\overset{\text{Elementery/Secondary (0-12)}}{11th}$ College (1-4or 5+) DELI CLERK RESTAURANT i. Pagas 1 and 2 should be filed vitment of Health and Mental Hygie tant: If item 27 is marked other talury or other traumatic event, in 17. Father'e Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) ROBERT HUDSON JOYCE NORRIS 2 19a. Informant's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) JOCELYN BAKER (SISTER) 822 EAST COLDSPRING LANE BALTO, MD 21212 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removel from State permit. Page Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Other (Specify) MOUNT ZION CEM 08/14/96 LANSDOWNE, MD. 21. Signature of Funeral Service Licens 22. Name and Address of Fecility CAPLE FUNERAL SERVICE 5502 WINNER AVENUE BALTIMORE, MD 21215 Part Enter the disease, or come icetions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Betw Onset end Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical sepsis one day Examiner Due to (or as a consequence of): Examiner multi-system organ failure physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Records, P.O. Box 68760. metastatic carcinoma, seminoma certificata be Physician/Medicai Due to (or es e consequence of) use as 1 20 signed by the aid be detached f Part tt. Other elgnificant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy tindings aveliable prior to completion of cause of death? 24a. Was an autopsy performed? Completed been has 1 ☐ Yes 2 No 1 Yes 2 No /ital 25. Was case reterred to medical examiner? Be 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Certification: Natural 5 Pending 1 Yes 2 No 2 Accident investigation 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, term, street, tactory, office building, etc. (Specify) 4 Homicide Hospital of 24 hours at Funeral Dietofy Illied is 29a. Certifier 🗺 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the cause(s) and manner as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. To the within 2 To the 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) P06829 08 05 96 MD 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 22 S. Greene St. Baltimore MD M.D.

State Registrar 31. Date tiled (Month, Day, Year) AUG 13 1996

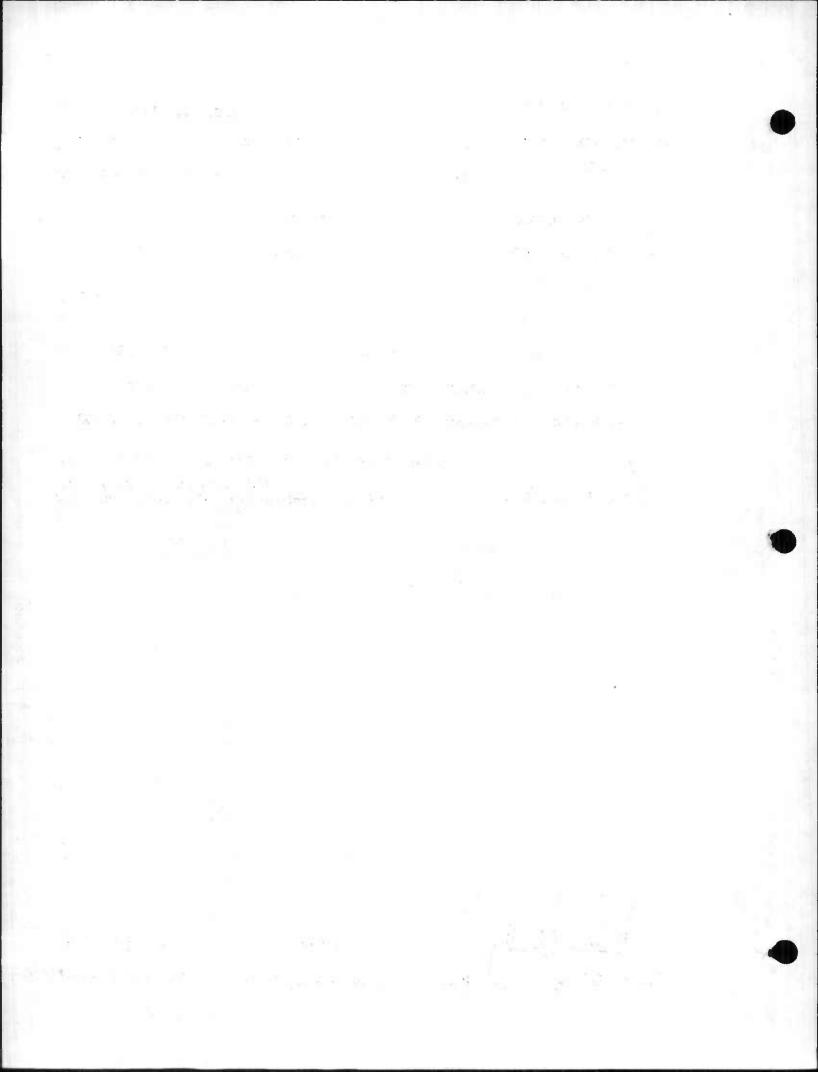
1. LORCH

32. Registrar's Signature Julia Davidson

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 3 8 5 4

						Cer	tificate of	Death		Reg. No.			
			1. Decedent's Neme (First, Middle, La	ist)					2. Dete of De	ath	W	3. Time of Death	
	hysici/ Medic/		BETTY S. HORNS	TEIN					AUG.	7, 199	Yeer	6:48am	
	/weard Examin		4a. Facility Neme (If not institution, given	re street end numbar)				4b. City, Town, or L					
			3110 WOODVALLEY I	DRIVE 2120	28			BALTIMO	RE	В	BALTIMORE		
	ineral rector		5. Social Security Number 6. S 215-34-7475	Sex 7. Ag	a (In yrs. last i	birthday) Yrs.	If Under 1 Yea Months Days		8. Date of Birt (Month, De NOV - 2	h y, Year) 24, 1931		ice (State or Foreign y) YORK	
5	2		Usual Residence of Decedent 10e. Stete 10b. County		10c. City, To	um or Lo	nation				100	d tool to Oh t both	
eryle	sho ta p	_			Toc. City, To	WIT OF LO					100	d. Inside City Limits	
8	- Ba-	Director	MD BALTIN	/ORE				TIMORE				1 ☐ Yes 2√2 No	
with	Den	2	10e. Street and Number 3110 WOODVALLEY	DDTVE			10f. Zip Code	21208		10g. Citizen of V U.S		À5	
aath	s 23	era			Francia II C	10.11	Van Danadant of				e - Americai	a ladica	
and 21215-0020 be filed within 72 hours efter death with the Meryland stal Hygiene. Id other than "natural", or items 23s or 28s-f show event, the Medical Exercites must be nothing at		by Funeral	11. Marital Status 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. Was Decedent Armed Forces? 1 Yes 2 h			Yes, specify Cu	Hispenic Origin? (Sp ban, Mexicen, Puerto Specify:	o Rican, etc.)	Specify	ck, White, et		
5-0 72 h	lical	Completed	15. Decedent's E (Specify only highest gr		16	a. Deced	ent's Usuel Occu	upetion	kina	16b. Kind of Bu	usiness/Indu	istry	
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d 21	14	S		4	F	HOUSE	WIFE			OWN	HOME		
aryland should be file and Mental Hy	is marked other aumatic event, ii	Be	17. Fathar's Nama (First, Middle, Last)				18. Mothar's Nan		Meiden Surnem	meme)		
arylan should be f	arke	2	WILLIAM	SP:	IEGELBE	ERG		FRAN	CES	HEIF			
			19e. Informent's Neme/Reletionship (mber, City or Town, Stete, Zip Code)			
1 and Health	n 27 ner tr		JACOB D. HORNSTI	EIN - HUSB				LEY DRIVE		MORE, MD			
Peges 1 a	Important: If Item 27 any Injury or other tr once.		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐	Removel from Stete	20b. Pieca camer	of Dispos tery, crem	sition (Neme of setory or other pl	eca)	Date	20c. Location -	City or Tow	n, Stata	
Peg men	ury		4 Donetjon 5 Dother (Special		BALTI	MORE	HEBREW		8/8/96	REISTER	STOWN	, MD	
Baltimo permit. Peg Department	any In		21. Signature of Funeral Service Liger	1800		22.	Name and Add	ress of Fecility	l Levins	son & Br	05.	Inc.	
ත & සී.	E 2 0		Systeman L. LIX	illus		89	000 Reis	terstown					
	1000		20s. Part 1 Enter the disaate, or comshock, or heert feilure. List only	plications that caused	the deeth. De							Approximete ntervel Between	
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Exar	miner		resulting in deeth) Due to (or es e consequenca of):										
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. de de	bed for	Physician/	Part II. Other significant conditions of	ontributing to death bu	ut not resulting	In the un	derlying cause g	iven in Pert I.	23b. Did tobacco use contributs to the cause of deal				
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<u>v</u> , 88 .	igned by the e	ρ											
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a e	2 5											pletion of cause seth?	
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VITAL RECORDS,	s certificate director, peg	Be	25. Was case referred to medical exeminer?					26. Place of Dea	th (Check only o	ne)			
Of V Physic	0 0	2	1 ☐ Yes 2 No	Hospitel: 1 ☐ Inpatie	nt 2 ER/C	D <i>u</i> tpetient	3□ DOA O	ther: 4 Nursing H	ome 5 Resid	lenca 6 D0th	ar (Specify)		
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ISIOI thendir death.	the funer	atio	2 ☐ Accident investigation	1		,,		Yes 2□No					
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Hospital 24 hours	aly fill	edicai	29a. Certifier 1 Certifying Ph	ysician: To the best of	f my knowledg	ge, deeth	occurred et the t	ime, dete end plece,	end due to the	cause(s) end me	nner es ste	ted.	
DIVISION To the Hospital or Attentiviting 24 hours effor death	completely filled in by												
V V	0 00	2	29b. Signeture and title of cartifier	11.0			29c. Licer	ise number		29d. Dete signed	Month, De	ey, Year)	
	,	1	flum (26119			D	46515		lugust	+1h	1996	
10	lat		30. Neme end eddress of person who	completed cause of de	eeth (Item 23e) (Type, F	Print)	. 1			2 11	Ma Disc	
Yk	X		Searm Okeilly	JOHNS	Hopkins	ONCO	rogy Co	ntee, 600	North Wo	utest.	Paltin	1996 we Mozizs	
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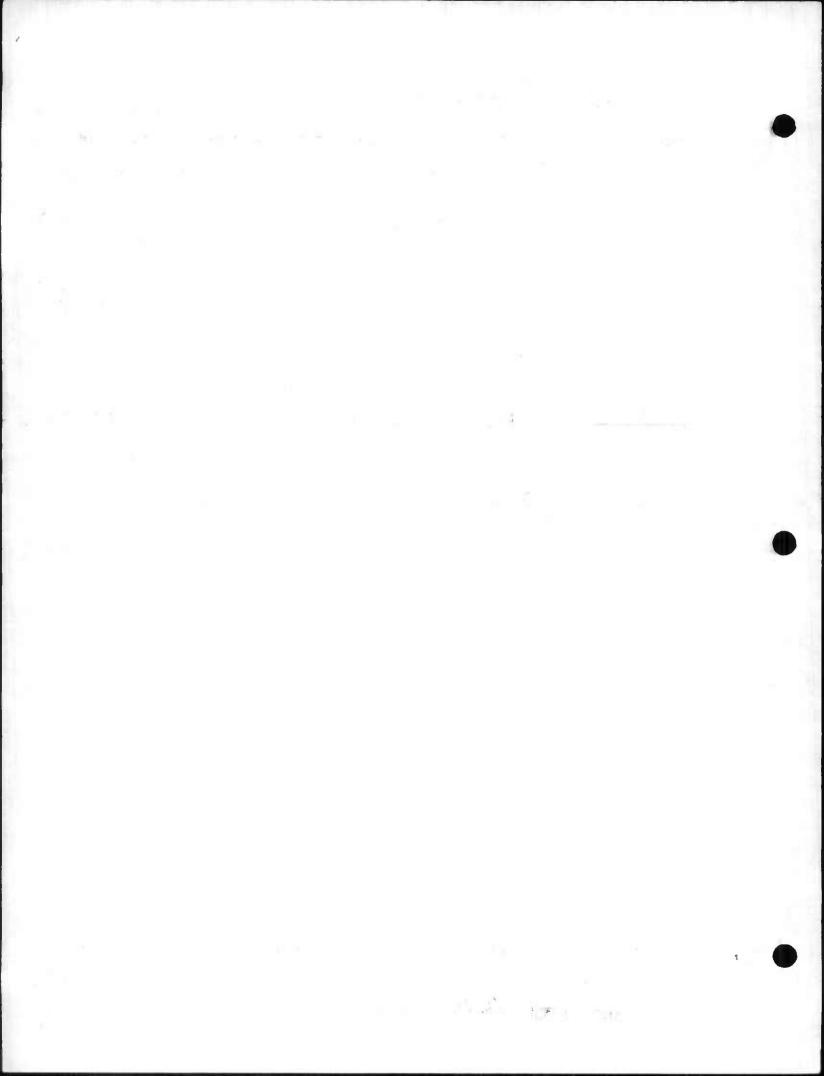
8	/13/96 tt	:	State of Maryland / Department of Health and N Certificate of Death	rental mygiene Reg. No.	20000	
	Physic		1. Decedent's Neme (First, Middle, Last) LUCIUS HANNON	2. Dete of Deeth Month Dey AUGUST //	3. Time of Death 1996 10 05 PM	
	/Medi Exami		4e. Fecility Name (If not institution, give street and number) NORTHWEST HOSPITAL CENTER RANDAL	ocation of Deeth 4c. Cour	nty of Deeth ALTIMORE	
	Funerai Director		5. Sociel Security Number 490-48-8600 1MM 20F 7. Age (In yrs. lest birthday) 1ft Under 1 Yeer 1ft Under 24 Hrs. Months Deys Hours Min.	8. Dete of Birth (Month, Day, Year) Feb), (9+3	9. Birthplaca (State or Foreig Country) MISSOURI	
	with the Meryland a or 28s-f show	ctor	Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location Owing Mills, md		10d. Inside City Limits 1 ☐ Yes 2 No	
0	72 hours after death with the neture!, or items 23s or 2	Funeral Director	10e. Street end Number G G U 7 M d U M Dr. 11. Maritel Stetus 1 Never Married 2 Merried 3 Widowed 4 Divorcad 12. Wes Decedent Ever in U,S. Armed Forces? 1 Never Side 2 No if Yes, Side Villan 1 Yes 2 No Specify: 1 Yes or Detes:	ecify Yes or No- Rican, etc.)	of What Country? One of the Country? Rece - American Indlen, Bleck, White, etc.	
21215-0020	within ene. than	Completed by	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 18a. Decedent's Usuel Occupetion (Give kind of work done during most of work) Iife. DD NOT use retired)	oposi,		
Maryland 2	d 2 should be filed th and Mental Hygis 7 Ia marked other traumatic event,	To Be Co		First, Middle, Maiden Sum		
Baltimore, Mar	Mam 2 other		19a. Informant's Name Beletionship (Type, Print) 19b. Melling Address (Street end Number or Run 9947 M. ddle M 20a. Method of Disposition 18 Buriel 2 Cremetion 3 Removel from Stete 19b. Melling Address (Street end Number or Run 9947 M. ddle M 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 19b. Melling Address (Street end Number or Run 9947 M. ddle M 20b. Plece of Disposition (Name of cemetery, cremetory or other place)	Ill Dr. Ow	on - City or Town, State	
Baltin	permit. Page Department of Important: If any Injury or		21. Signeture of Funerel Service Licensee 22. Name and Address of Facility Mach L. H. we. 4300 Wabash	stave		
	Physician /Medicai Examiner		23a. Pert1. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardled of shock, or heart feilure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in deeth) e. RESPIRATORY FAILURE	or respiretory errest,	Approximete Intervel Between Onset and Deeth	
0x 68760,	leath certificate be assocuted ettending physician and dror use as the buriet-transit	√Medical Examiner	Due to (or es a consequence of): ANOXIC ENCEPHALOPAT Due to (or es e consequence of): **Due to (or es e consequence of): **Due to (or es e consequence of): **ONOXIC ENCEPHALOPAT Due to (or es e consequence of): **CENTRICALAR FIBRILLA Due to (or es e consequence of): **Due			
, P.O. Box	that tha c	Completed by Physician/M	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. Did tobacco use	contribute to the cause of death	
Records,	e faw requir has been s ge 2 should	mpleted b		24a. Wes en eutopsy performed?	24b. Wera autopsy findings available prior to completion of cause ot deeth?	
	icien: The i certificate ha rector, page		25. Wes case referred to medical 26. Place of Death	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☑ No	
of Vital		To Be	examiner?	n <i>(Check</i> on <i>ly one)</i> me 5☐ Residenca 6☐0	Other (Specify)	
Division of	ttending Ph death. :tor: After th / the funeral	Certification: T	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	28d. Describe how injury occ		
DIV	Hospital or A Floors after Funers Direction	dical Certif	4 ☐ Homicide determined 29a. Certifier (Check only one) 1 ☐ Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and menner steted.	City or Town, Stete) and due to the cause(s) and	manner as stated.	

State Registrar 29b. Signeture end title of certifier

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

C. RAVI MD, NORTHWEST HOSPITAL CENTER, BALTIMORE 21133

29c. License number
D 3 7 3 3 3 August 11, 1996



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month Jermanie MAYNARD 1822 96 05 Hu9 /Medical 4e. Fecility Neme (If not Institution, give street 4b. City, Town, or Location of Deeth **Examiner** ANNAPOKS If Under 24 Hrs. 8. Dete of Birth Hours Min. (Month, Day, If Linder 1 Year 5. Sociel Security Number 6 Sex 7. Age (In yrs. lest birthday) 9. Birthplece (Stete or Foreign Country) **Funeral** Months Deys 1□M 2□F NIA Yrs Director Usuel Residence of Decedent deeth with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? itеms 23a VIA Milwas CV 20776 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 11. Marital Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health and Mental hygiene.
Important: If item 27 is marked other than "natural", or han any injury or other transment. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) NIA NIA 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) DRIVE 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 X Cremetion 3 ☐ Removal from Stete Metro (Remarkeny - 13-96 5 Other (Specify) 4 Donetion 21. Signeture of Funer 22. Name end Address of Fecility und. 23a. Part I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear failure. List only one cause on each line. Approximate Interval Betw **Physician** /Medical Immediate Cause (Final diseese or condition resulting In deeth) Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Lest pue Box 68760 atterfding physician Physician/Medical # 8 Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 2 No signed by 3 Probably 4 Unknown ires that by 24b. Were eutopsy findings eveileble prior to Completed 24a. Wes en eutopsy performed? Deen completion of ceuse of death? ž **DB08** 2 2 1 No 1 ☐ Yes 2 ☐ No certificate 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Inpatient 2 ER/Outpetient 3 DOA # 27. Menner of Deeth 1 DNaturel 2 ☐ Accident 28b. Time of Injury 28e. Date of Injury (Month, Dey Year) 28d. Describe how Injury occurred Certification: 28c. Injury et Work? Affec 5 Pending death. 1 Yes 2 No Investigation if or Attend after death Director: /

State Registrar

Medical

3 Sulcide

29e. Certifier

4 Homicide

(Check only

29b. Signature and

IF ON

30. Name and address of per

31. Dete filed (Month, Dey, Year)

6 Could not be determined

32. Registrer's Signature

completed cause of deeth (Item 23e) (Type, Print)

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

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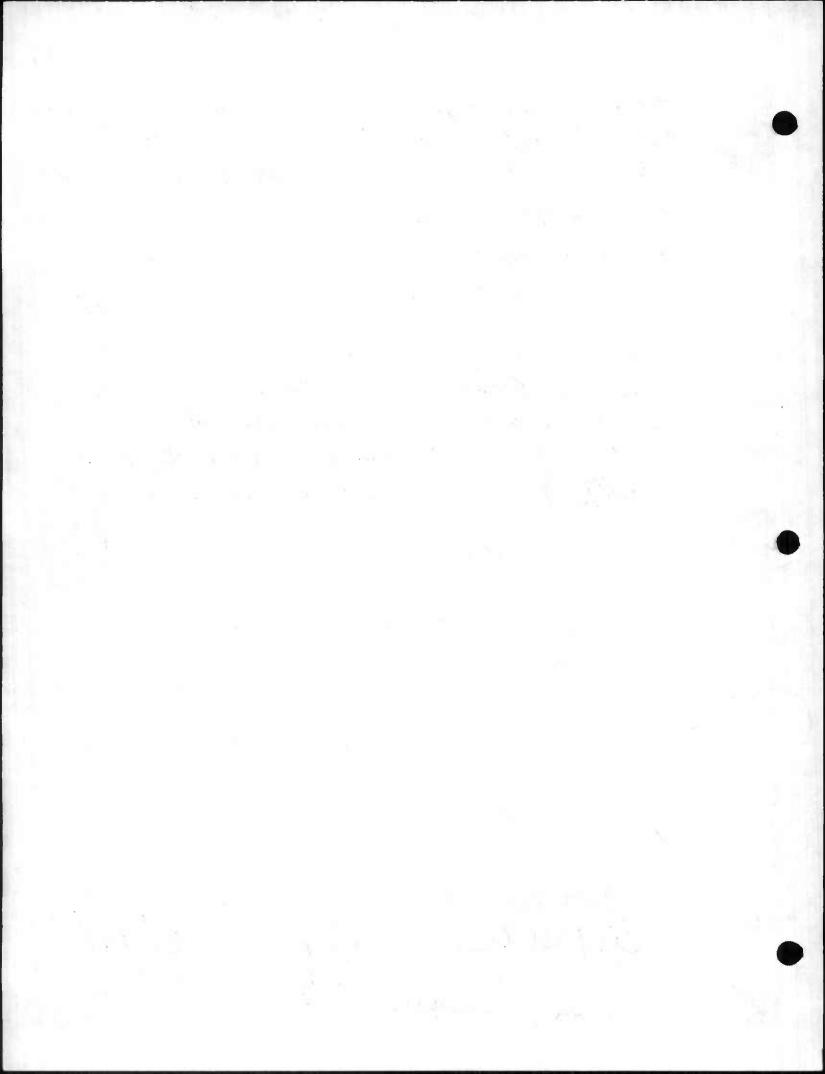
1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) and manner as steted.
2 Medical Examiner: On the basis of exeminetion and/or investigetion, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) end manner steted.

29c. License number

Location (Street end Number or Rural Route Number, City or Town, Stete)

29d. Date signed (Month, Dey, Year)

To the Hospital o within 24 hours at To the Funeral Di



State of Maryland / Department of Health and Mental Hygiene

ne 96

23857

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** JULY 30 1996 JOSEPHINE HILL 4:52 PM /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1104 N.BOND STREET BALTIMORE 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Months Days Hours Min. 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number 1 2/7-22-9160 Birthplaca (State or Foreign Country) **Funeral** 1 M 2 F Director 10a State 10h County 10c. City, Town or Location 10d, Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examinar must be notified at Ba/4 more WIA 1 Yes 2 No Completed by Funeral Director MI) 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1104 Bond Street (212+38) 21213 USA death 12. Was Decedent Ever in U,S. Armed Forces? Was Dacedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 Naver Married 2 Married 1 Yes 2 Ne
If Yes, Give
Year or Dates: 21215-0020 1 ☐ Yes 2 ☐ No Specify: Black Specify: 3 ☐ Widowed 4 ☑ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Laundrx Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Pressor Baltimore, Maryland 18. Mother's Name (First, Middle, Malden Surname)
ANNIL ESTEP 17. Father's Name (First, Middle, Last) Be Pages 1 end 2 should be nent of Heelth and Mental William H. 19a. Informent's Name/Relationship (Type, Print)
Pearl Butley (a 19b. Mailing Address (Street and Number or Rural Royte Number, City or Town, State, Zip Code)
1104 Bond Street Bolly Move, Mi) 2/2/3 nt of Heelth a if item 27 is or other tra caunt 20b. Place of Disposition (Name of cametery, crematory or other place)
MOLYO-Crematory, June 21 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Defenation 3 Removal from State Bakimore, m) Depertment of Important: If any Injury of once. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility 5 ext Miller Funeral Home

16. 37 W. Broad way 2/2/2

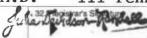
23. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

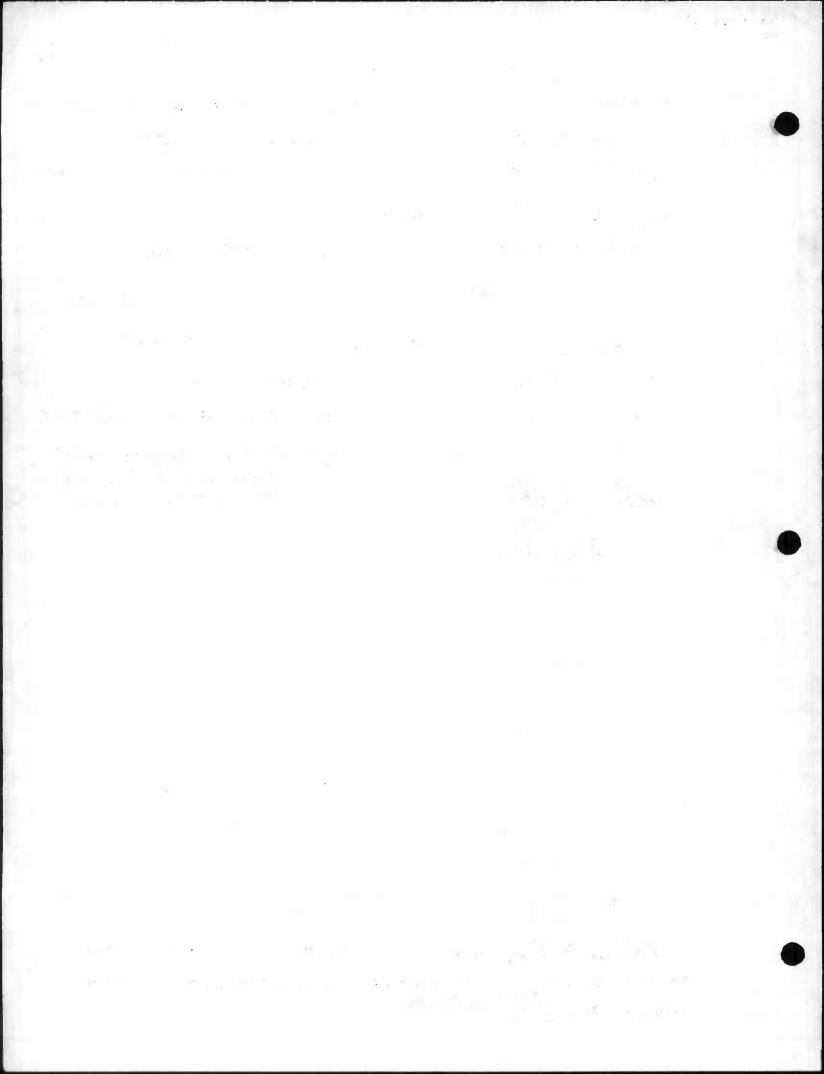
Approximate **Physician** Immediate Cause (Final Hypertensive Arteriosclerotic Cardiovascular Disease disease or condition resulting in death) Examiner Due to (or as a consequenca of) The law requires that the death certificate be executed Bud Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Due to (or as a consequenca of). USB 98 Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? ate has been signed by pege 2 should be detact 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 M Unknown Records, by Completed 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? inspection 1 Yes 2 No certificate 20No Division of Vital spital or Attending Physician: Theory effer death.

neral Director: After this certificate yilled in by the funeral director, pe Be 25. Wes case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ inpatianf 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home Masidenca 6 Other (Specify) 10 MYes 2□ No 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Medical Certification: 1 Natural 5 Panding Investigation 1 Yas 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 4 Homicide Hospital 24 hours e 24 hours Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. To the Hospi within 24 hou. To the Funer completely fil 29a Certifier 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) O.C.M.E. , res D. JULY 31,1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Theodore King M.D. 111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Date filed (Month, Day, Year) AUG 13 1996





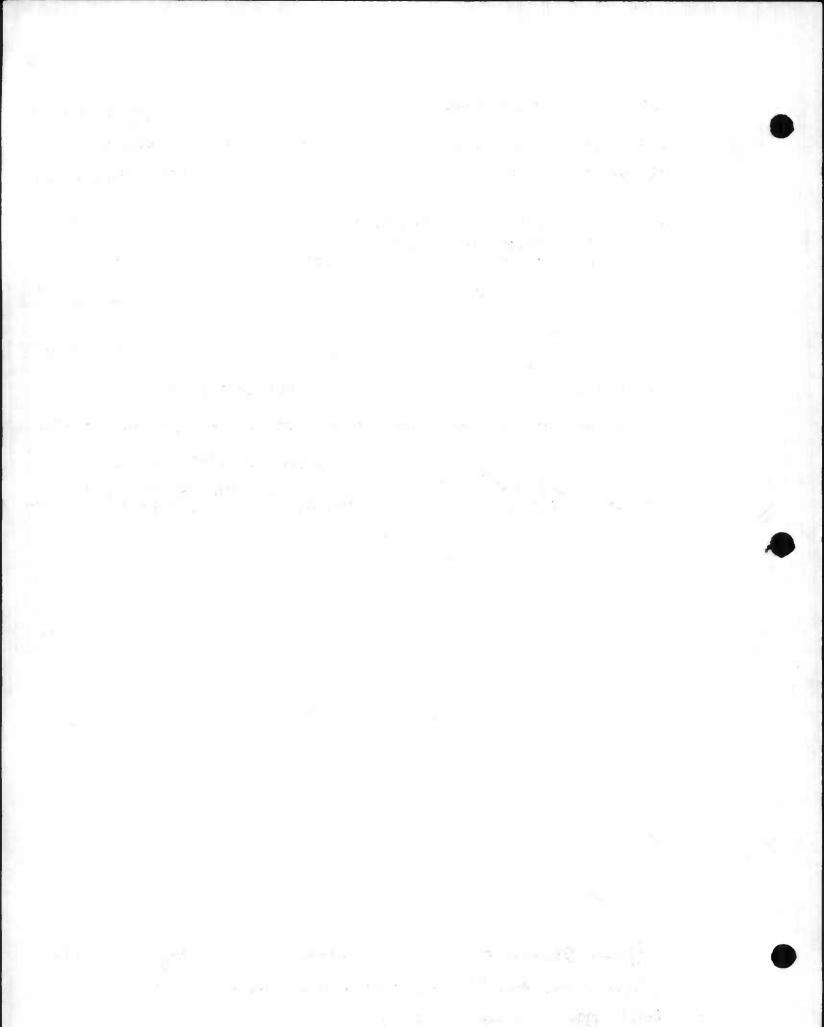
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State of Maryland / Department of Health and Mental Hygiene 96 23858

	Certificate of Death	Reg	J. No.	
Physician	1. Decedant's Nama (First, Middla, Last) FRED G HOCKSTRA	2. Date of Death Month	Day Yaar	3. Tima of Death
/Medical	1 9 .	AUGUST	8 1996	
Examiner	4a. Fscility Name (If not Institution, give street and number) NORTHWEST HOSPITAL CENTER RANDALI	LSTOWN		MORE.
Funeral Director		8. Data of Birth (Month, Day, Y		hplaca (Stata or Foreign untry)
and Mantel Hygiene. Is marked other than "natural", or items 23s or 28s-1 show surmatic event, the Medical Examinet russ be notified at To Be Completed by Funeral Director	10a. Stata 10b. County 10c. City, Town or Location			10d. insida City Limits
Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Mexical Experience must be notified at once. To Be Completed by Funeral Director	Md. Baltimore Woodstock			1 ☐ Yas 20 No
or 28e-f s be noutled Director	10e. Street and Number 10f. Zip Coda	100	. Citizan of What Co	untry?
23a	3120 Granite Road 21163		U.S.A.	
r tems 23s sher nust Funeral	11. Marital Status 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Spe It Yas, specify Cuben, Maxican, Puarto)	ecify Yas or No- Rican, atc.)	14. Race - Ama Black, White	
by F	1 Nevar Married 2 Marriad 1 X Yas 2 No		Specify:	
ed le	A • A • T T	18	Bb. Kind of Business/	hite Industry
rt, the Medical I	(Specify only highast grada complated) (Giva kind of work dona during most of workii lifa DO NOT usa ratingd)	ing	Time of Business	and do any
E O	College (1-4or 5+) College	Ţ	J.S. Gov	ernment
event. Be C	17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama	A 1 - 1 - 1 - 1 A 1 - 2 A 1 - 1 1 1 1 1 1		
To	Gerrit J. Hockstra Maria	Allard		
En .	19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rura	al Routa Number, C	City or Town, Stata, 2	(ip Code)
in in	Mrs. C. Daphne Hockstra 3120 Granite RdW	loodstoo	ck, Md.	21163
or off	Mrs. C. Daphne Hockstra 3120 Granite Rd.—W 20a. Mathod of Disposition 1 Reurial 2 Cramation 3 Removal from Stata 20b. Place of Disposition (Nama of camatary, cramatory or other place) Cem.	Data 20	c. Location - City or	Town, Stata
lary	4 □Donation 5 □Othar (Specify) Garrison Forest Vets. 8			
any in	21. Signature of Funaral Sarvice Lightness of Facility 5151 Baltimore	Nationa	al Pike	
(O	G. Truman Schwab Baltimore, Md.	21229	AI IIMO	
	23a. Part 1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiec of shock, or heart failure. List only one cause on each line.	or respiretory arres	٤,	Approximete Interval Between
ian				Onsat and Death
dical liner	Immediata Causa (Final diseasa or condition rasulting in daath) a. ENDSTAGE CARDIOMYOPI a. ENDSTAGE	4) HT	!	
1	Due to (or as s consequance of):			
Examiner	b			
Exa	Sequantially list conditions, if any, leading to Immadiate cause. Enter Underlying Cause. Enter Underlying Cause (Disaase or injury		1	
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se as the buriel-transit	rasulting in death) Last d.			
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rysi	Part tt. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I.			to the cause of death?
by Pt	RENAL FAILURE	1 U Yes	2 2 No 3 P	robably 42 Unknown
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nes been ge 2 shoul mplete				completion of cause of death?
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Be	25. Was casa ratarred to medical axaminar? Hospital: 17 post of Death Other: 4 post of Dea			
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lon li	1) Netural 5 Pending (Month, Day Year) Injury Work?	200. Dascribe flow	injury occurred	
led in by whe uner	Accident	28f. Location (Stre City or Town,	et and Number or Ru Stata)	ıral Routa Number,
Completely filled in by Medical Certif	29e. Certifiar (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, so the best of axamination and/or invastigation, in my opinion, death occurred and manager stated	and dua to tha cau ed at tha tima, date	se(s) and mannar as a snd place, and dua	stated. to the cause(s)
To the Funeral completely filled Medical C	And Clarify and the second sec	290	d. Date signed (Mont	h, Day, Year)
8	1. Nun (10 D37333		AUGUST	8,1996
	290. Signatura and titla of certifiar C. Navi My, NHC, NATT MORE MO	2 117	7	- / (()
114		2113	حـ	
State	31. Deta tiled (Month, Day, Year) 32. Registrar's Signatura			

State of Maryland / Department of Health and Mental Hygiene 96 23859

							Cei	tificate	of	Death			Reg. No.		20000	
	5		1. Decedent's Nam									2. Dete of De	ath		3. Time of Death	
A	Physic		Shirle	≥у Ј. Н	ickinb	otham						Month 8 /	Day	Yaer 1996	8:40 AM	
	/Medi Examii		4a. Fecility Nama (If not institution, g	riva street and n	number)				4b. City, To	wn, or Lo	ocation of Deet		nty of Death		
	LACITI	101	719 Ma	iden C	hoice	Lane				Cato	nsvi	ille	Ba	ltimo	ore	
1	Funeral		5. Social Security N		Sex	7. Age (In yrs. Id	est birthday)	If Under 1		if Under	24 Hrs.	8 Date of Bir	th			
	Director		272-46- Usual Rasidanca o		1□M 25/2F	73	Yrs.	Months	Deys	Hours	Min.	(Month, De	of Birth John Year) 9. Birthplaca (State or Fon Country) Newark, Ohi			
	dend wo		10a. Stata	10b. County		10c. City	, Town or Lo	cation					10d. Inside City Li			
	Mary	Ö	Md.	Baltin	nore	C	atons	vill	2						1 ☐ Yas 2 ☐ No	
	the Maryland r 28a-f show novilled at	Director	10e. Street and Nu						_				10g. Citizan o	of What Cou	intry?	
	With Post	٥					Lane			0.0				,		
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_	items items inst.m	5		led 2 Merried	Armed I		. 13.1	f Yes, specif	Cub	oan, Mexicar	, Puarto	ecify Yes or No Rican, atc.)	8	lack, Whita		
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21215-0020	tura			15. Decedent's		Datas.	16a Decer	ient's Usual	Occu	netion			16b. Kind of			
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Maryland	emit. Peges 1 and 2 should be Department of Heelth and Mental mportant: If item 27 is marked is any injury or other traumetic ev 2059.		19e. Informant's No			0 + h = m		-				al Routa Numb				
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altimore,			20e. Mathod of Disp	position ⊠Cramation 3	☐ Removel from	0.0	matary, crar	sition (Nama of natory or other place) Data 20c. Location - City or Town, Stata								
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a t	permit. Pe Departmen Important: any injury		21. Signature of Fu	inaral Sarvice Lic	9999	1		. Neme end								
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	Examiner		immediate cousa (Final disease or condition resulting in death) Authorized the course of the course											4 mos		
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5	2 3	Certification:	1 Netural	5 Pending		a of Injury onth, Day Year)	28b. Tima of Injury		. Inju Wo			28d. Dascribe	now injury occ	eurred		
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BIVIS	A LA LA LA LA LA LA LA LA LA LA LA LA LA	듣	4 Homicide	datarmine	A 268. PI80	ce of Injury - At hor ding, atc. <i>(Spacify)</i>	na, ferm, str	et, factory,	office			28f. Location (City or To	Street and Nui wn, Stata)	mber or Rui	ral Routa Number,	
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	the house	edicai	29a. Certifiar (Check only	1 Certifying F	Physician: To the	na best of my know basis of axamination	ledge, deeth	occurred at	tha ti	ma, data an	d place,	and dua to tha	causa(a) and	menner as	steted.	
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	To To Com	Σ	29b. Signetura and	titla of cartifiar				29c. l	icen	se number			29d. Dete sig	nad (Month,	Day, Year)	
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	Registr		AUG 1		Julia Ko	Adson-Rand	.00									
	3			0 1000	0	warman Market	400									



96-4302-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. AM ITEMS: 23 PART I. 27, PER MEO State of Maryland / Department of Health and Mental Hygiene FILM G-738 8/15/96 t.t Certificate of Death 1 Decedant's Nama /First Middle Last) 2. Data of Death Day **Physician** Month Yaar SANDY 31,1996 HARVEY JULY 16:13 P /Medicai 4a. Facility Nama (If not institution, giva straat and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** 2010 N.CHARLES ST APT.7 N/A BALTIMORE if Undar 1 Yaar | if Undar 24 Hrs. 5. Social Sacurity Number 6. Sax 8. Data of Birth (Month, Day, OCT 26, 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) Funerai 1□ M 2X F Months Days Hours California Yrs. Director 545-88-8938 46 Usual Rasidanca of Dacadant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 28a-f show 10d. insida City Limits Maryland N/A Baltimore Yas 2□ No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? ŏ 2010 N. Charles St., Apt. 234 21218 USA the Medical Examiner nast death Funeral items 2 12. Was Dacadant Evar in U.S. Armed Forcas? 1 ☐ Yas 2 ☒No Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. filed within 72 hours after 1 Navar Marriad 2 Marriad ŏ Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: White p 3 Widowad 4 Divorced Yaar or Datas: natural', Be Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratified) 15. Decadant's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Hygiene. Elemantary/Secondary (0-12) Coilaga (1-4or 5+) Medical Transcriptionist Hospital 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Pages 1 and 2 should be nent of Health and Mental 2 Wayne Robert Harvey Mary Jane Isaacs 19a. fnformant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) nt of Health a If item 27 is or other tra Wayne R. Harvey/father P.O. Box 389 Long Barn, CA 95335 20b. Place of Disposition (Nama of cemetery, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriai 2 🏋 Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) permit. Page Department of Important: If any Injury or Metro Crematory, Inc. 08/07/96 Baltimore, MD 21. Signatura of Funarai Servica Licensea Cremation Society of Maryland, Inc. George E. MacNabb 299 Frederick Rd. Baltimore, MD 21228 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Batween Onsat and Death **Physician** /Medical immediata Causa (Finai CARDIAC ARRHYTHMIA disaasa or condition rasulting in daath) **Examiner** Dua to (or as a consequence of) Examiner The law requires that the death certificate be executed burial-trans Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last Dua to (or as a consequanca of): P.O. Box 68760. Physician/Medical the Dua to (or as a consequence of): for use as Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? yd bengis 3 Probably 4 Unknown 1 Yes 2 No Records, þ 8 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? 1 Yas 2 No Division of Vital

In by the funeral director, page 2 should certificate has this After t or Attendation after death

Attending Physician:

Hospital 24 hours

To the Hosp within 24 ho To the Fune completely fi

Completed Be 25. Was casa rafarred to madical 27. Mannar of Death

Certification: To

Medical

29a. Cartille 29b. Signat

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2 Accident

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4 Homicida

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and title of certifie

6 Could not be datarmined

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1 Inpatiant

Data of fnjury (Month, Day Year)

28a. Piaca of injury - At homa, farm, street, factory, offica building, atc. (Spacify)

28c. Injury at Work?

2 ☐ ER/Outpatient 3 ☐ DOA

28b. Tima of

1 ☐ Yas 2 ☐ No

OCME

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

28d. Dascribe how injury occurred

AUGUST 01,1996

Othar: 4 ☐ Nursing Homa 5 🛱 Rasidanca 6 ☐ Othar (Specify)

□ Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
■ Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. Licansa number 29d. Data signed (Month, Day, Year)

26. Piaca of Daath (Check only ona)

addrass of person who complated causa of daath (Itam 23a) (Type, Print)

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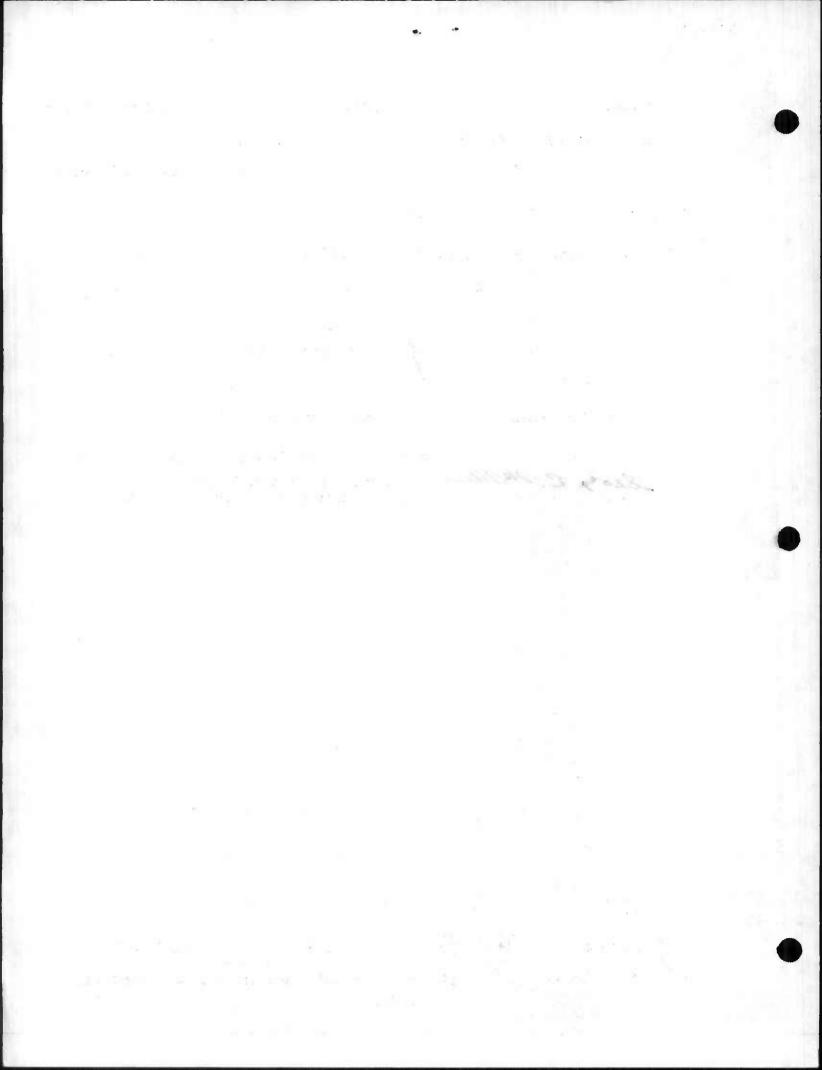
111 Penn Street, Baltimore, Maryland 21201

31. Data filed (Month, Day, Year)

32 Registrars Signature 2 Davidson

17

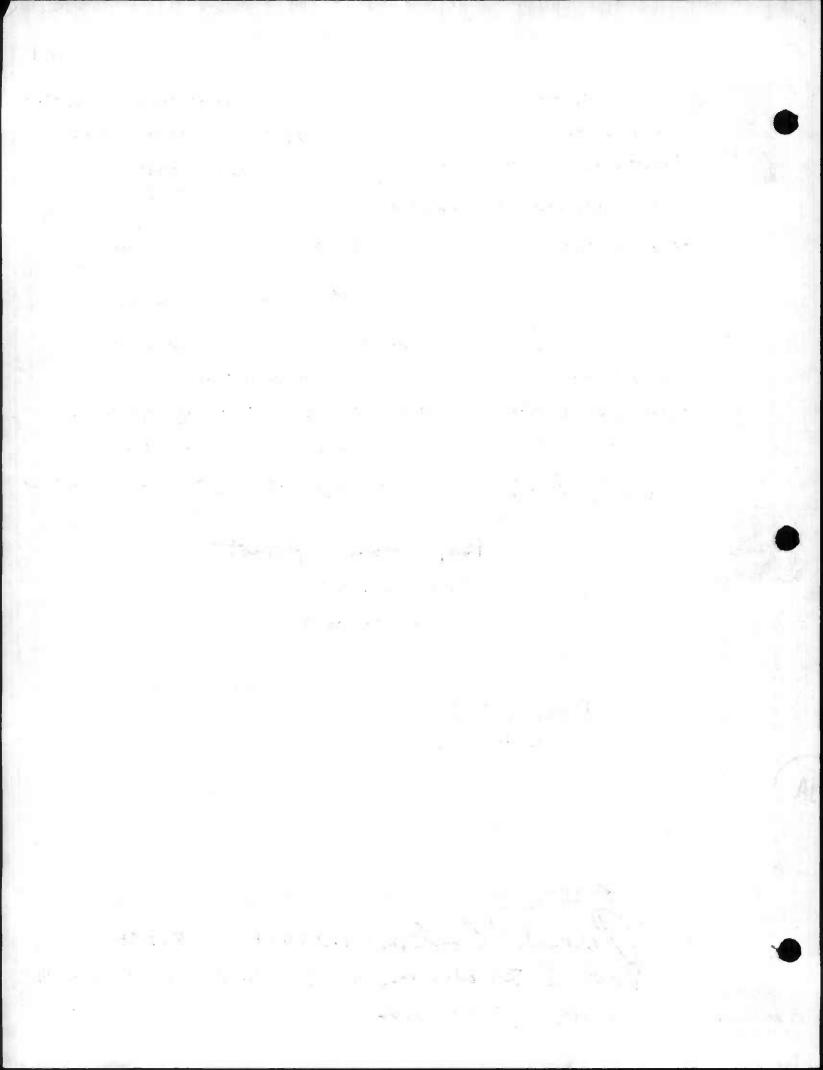
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State of Maryland / Department of Health and Mental Hygiene 96

23861

					Cer	tificate	of L	Death			Reg. No.		20001
Physic /Med		1. Decedent's Neme (First, Middle, La Eleanor J. H								2. Dete of De Aug 1	2 ^{Day} 996	Yaar	3. Time of Daath 12;30AM
Exami		4a. Facility Neme (If not Institution, gi 1002 York LAne	ve street and number)					o. City, Tov		cation of Deet	4c. County Anne		ndel
Funeral Director			Sex 7. Age 1	(In yrs. last b	Yrs.	If Under 1	Year Days	If Under 2 Hours	24 Hrs. Min.	8. Deta of Bir (Month, Da Nov 1	th ay, Yeer) 8 1902	9. Birthp Coun Pa	lece (State or Foreign try) L •
Maryland a-f show	tor	10a. State 10b. County Anne A	rundel	10c. City, To Annap	wn or Loc	cation S						10	0d. Inside City Ltmits 1 ☐ Yes 2 ☑ No
th with the 23s or 28	al Director	10e. Street end Number 1002 York Lane				10f. Zip Co 21	ode 40	1			10g. Citizen of	Whet Coun	try?
5-0020 72 hours effer death with the Maryland natural, or items 23s or 28s-f show size Evandres must be notified at	by Funeral	11. Meritat Status 1 Navar Married **Married 3 Widowed 4 Divorced	12. Wes Decedent Et Armed Forces? 1 ☐ Yas 2 ☒ Ko if Yas, Give Year or Detes:			Ves Dacedar Yas, specify		spenic Orig , Maxican Specify:	gin? (Spec , Puerto P	offy Yes or No tican, atc.)	Specify Whi		
nore, Maryland 21215-0020 ges 1 and 2 should be filed within 72 hours effer death with the Marylar it of Health and Mental Hygiere. If item 27 is merked other than "natural", or items 28s or 28s-1 show or other traumatic event, the Medical Examiner must be notified at	Completed	15. Decedent's E (Specify only highest gr Elementery/Secondary (0-12) 1 2	College (1-4or 5+		(Give I	ent's Usuel C kind of work of NOT use i cher	done di retired)	uring most	100		16b. Kind of Business/Inc		lustry
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Baltimo permit. Page Department of Important: If eny injury or		21. Signature of Fernand Service Lice	Soll!		22.	Name and A Harde Ave.,	Address Sty Ai	of Facility Full	nera olis	l Hom	e,P.A. 21401	, 12	Ridgely
Conflicate be executed from the purishment of th	n/Medical Examiner	23a. Part1. Enter the disameter of communication of the disease of condition resulting in deeth) Sequentially tist conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated evants resulting in death) Lest	b. C	ue to (or es e	o consequence	forguenca of): git git ience of):	is cs	A	((2	o+-			Intervet Batween Onset end Death
P.O. BOX hat the death can ed by the attendin detached for use	Physician/	Pert II. Other algnificant conditions of				derlying caus	se give	n in Pert I.					the cause of death?
Records, e law requires t has been signi ge 2 should be	Completed by P	De Hy	pertens	u u						24a. Was perfo	en autopsy med?	24b. Wa ave con of d	ra eutopsy findings iteble prior to npletion of causa leeth?
Iclan:	Be	25. Was case refarred to medical axaminer?	Hospital:				Othar			(Check only o			Yes 2 No
E 2 45	Certification: To	1 Yes 2 No 27. Menner of Deeth 1 Naturat 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not b	28e. Deta of Injury (Month, Dey 1	Year) 28b.	Time of Injury	28c.	Injury (Work?	4 LI NUI	10	3d. Describe t	dence 8 Oth	red	
		4 Homicide determined	building, etc.	(Specify)						City or Tox			
To the Hospital or within 24 hours also To the Funeral Din completely filled in	Medical	29a. Certifier (Check only one) 1	ysician: To the best of ender: On the basis of ender: and menner stete	xamination ar	e, deeth ond/or inve	estigation, in	my opli	nion, deeth	ptece, er n occurred	d et the time,	dete and place,	end due to	the cause(s)
6168		b / UN	SM	ol	am	7		2 C	28		812		Jey, Year)
		30. Nema and offress of person who are stated as a stated of the stated	Pho o	des	(Type, P	o 16	67	Cro	flor	Cent	re Cro	fton	md 21114
Sta Registr	ar	AUG 1 3 1996		vidson-A	andel	2							



State

of Maryland / Department of Health and Mental Hygiene	96	2386
Certificate of Death		

					Certificate of			Reg. No.		23002				
Physic	ian	1. Decedent's Name (First, Middla, L					2. Date of Dea Month	Day	Year	3. Time of Death				
/Med		SANDRA [] [] 4a. Facility Neme (If not institution, g		IMES		4b. City, Town, or Lo	AUGUS			05:17 A				
Exami	ner	UNION MEMORIA		'/		BALTIMO		, , , , , , , , , , , , , , , , , , , ,	N/A					
Funera			Sex 7. A	Age (In yrs. last bi		If Under 24 Hrs.	8. Date of Birt	h		ace (State or Foreign				
Director		220-86-1490	1□M 2⊠X	32	Yrs. Months Days	Hours Min.	(Month, Da) Apr. 11	1964	MARY	ace (State or Foreign ry) I AND				
pg &		Usual Residence of Decedent 10a. State 10b. County		10c. City, Tow	m or Location									
the Marylan 28a-f show notified at	20		/ A						10	od. Inaide City Limits 1 ☑ Yes 2 ☐ No				
the N	ect	MARYLAND N,	/A	DAL	TIMORE CITY			40- Ohi41	W O	* * * * * * * * * * * * * * * * * * * *				
th with the Maryla 23a or 28 a I sho	O	423 E. Lorraine	Avanua		212	1Ω		10g. Citizen of V	S.A.	rry r				
ter death Items 2	Funeral Director	11. Marital Status	12. Was Deceden Armed Forces	t Ever In U,S.	13. Was Decedent of H		ecify Yes or No-		e - America	an Indien,				
O & PE	by	1)(1)Xlever Married 2 Married 3 Widowed 4 Divorced	Armed Forces 1 ☐ Yes 2 X If Yes, Give Year or Dates) No	If Yes, specify Cub	sn, Mexicen, Puerto Specify:	Ricen, etc.)	Specify	k, White, e					
72 hours	ted	15. Decedent's I (Specify only highest g	Education	16a	Decedent's Usual Occup (Giva kind of work dona lifa. DO NOT usa ratire	pation	ine	16b. Kind of Bu	siness/Ind	ustry				
within within then to he we	Completed	Eiementary/Secondary (0-12)	Coilege (1-4or	5+)		d)	rig		INDUCTOREC					
d 21 filed w Hygier fither th	ပိ	12th grade	A)	As	sembler		-	PTP I		RIES				
Baltimore, Maryland 21215-0 permit. Peges 1 and 2 should be filed within 72 ho Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "nature and highery or other traumatic event, the Medical page.	To Be	17. Father's Name (First, Middla, Las VIRGIL IMES JR.	t)			18. Mother's Nemo		Maidan Sumam	a)					
Aar 2 sh 2 sh 1s m		19a. Informant's Neme/Relationship			. Mailing Address (Street									
1 end 1 end Heelth em 27		MARLENE I. MITCH	ELL/Sister]	.409 DeMarca	y Way, Ba								
Baltimore, semit. Peges 1 e Sepertment of Hee mportant: If Item in y Injury or othe since.		20a. Method of Disposition 1 ☐ Buriei 2 ☐ Cremation 3		8	t Disposition (Nama of ry, cramatory or other plan		Date	20c. Location -						
Baltim pemit. Peg Depertment Important: I eny Injury o		4 Donation 5 Other (Space	40	Mt. Z	ion Cemetery					Maryland				
Balt permit. Depertr Imports eny Inje		21. Signature of Purieties Service Lice	Signature of Funerel Service Licens 22. Name end Address of Facility WILLIAM C. BROWN COMMUNITY F/H 1206 W. NORTH AVENUE											
_		23a. Part1. Euler the disease, or cor shock, or heart faiture. List only	Moult	od the death. Do	not anter the mode of duit					Approximate intervet Between				
Physician /Medical Examiner	er	Immediate Cause (Final disease or condition resulting In deeth)	е	sthru	consequenca of):				 	Onset and Deeth				
Box 68760, deeth certificate be executed a strending physician end id for use as the buriel-transit	Examiner	Sequentially list conditions,	b	Due to (or as a	consequence of):	-								
50, se exe		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	C						1					
68760, ficate be ex physician is the burie	Aedicai	that initiated events resulting in deeth) Last	V	Due to (or as e	consequence of):									
OX 6	Me		d											
BOX eth cert attendin	cian													
Dy the de	Physician/	Part II. Other significant conditions	contributing to death	but not resulting in	the underlying cause giv	en in Part I.				the cause of death?				
	by P						וטוי	res 2□ No	3 Prob	unknown				
A Andread	Completed b						24a. Was a perfor	an eutopsy med?	com	re autopsy findings ilable prior to apletion of cause eath?				
	E O						· Miv	es 2 No		OYes 2□ No				
ta tor. p	BeC	25. Was case referred to medical				26. Piaca of Death			1 64	J 65 2 10				
Physicia This card	ToE	examiner? 1∰ Yes 2 No	Hospital:	ient 2⊠ER/Ou	tpetient 3 DOA Oth				er (Specify))				
- D 0 0		27. Manner of Death 1. Netural 5 Pending 2 Accident Investigation	28a. Dete of Inj (Month, De	ury ay Year) 28b. 1	Time of njury Mor			ow injury occurr		1138				
Divis	Certification:	3 Suicide 6 Could not l 4 Homicide determined	286. Piece of in	jury - At home, fa tc. (Spacify)	rm, street, factory, office		28f. Location (S City or Tow	treat and Numb n, Stata)	er or Rural	Route Number,				
DIVISION To the Hospital or Attending within 24 hours after death. To the Funeral Director. Althoughers or applies of the funeral birector. Although the funeral birector and the funeral birector.	edical C	29a. Certifier (Check only one) 1 ☐ Certifying Pl	nysician: To the best miner: On the basis of end manner si	of examination and	, death occurred et the tin d/or investigation, in my o	ne, date end piace, o pinlon, deeth occurr	end due to the co	ause(s) and me late and placa, a	nner as sta and due to	ited. the cause(s)				
To the To the comp	M	29b. Signature and title of ostfiller)		29c. Licens	e number	2	29d. Dete signed	(Month, D	Pay, Year)				
1			Son		ОСМ	E		AUGUST	10.	1996				
X		30. Name and andress of person who	completed cause of	deeth (Item 23a) (
		AMDIXO	N		Penn Stree	t, Balt:	imore,	Maryl	and 2	21201				
Sta	ite	31. Dete filed (Month, Day, Year)	32 Regist	raris Signeture	2-1-00-									

State Registrar

32 Registrars Signeture Randelle

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CMK ITEM: 22. PER F'.H. F'ILM G-738 8/13/96 t.t

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Physician /Medical Examiner

Directo

Funeral

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Be Completed

2

Examiner

Physician/Medicai

þ

Completed

Be

Certification: To

Medicai

State Registrar

1. Decedent's Name (First, Middle, Last)

ELIZABETH JONES

SHOCK TRAUMA UNIT

2. Date of Death AUGUST

CITY

3. Time of Death 07, 1996 0056AM

4a. Facility Name (If not institution, give street and number)

4b. City, Town, or Location of Daath

4c. County of Death BALTIMORE

Funerai Director

filed within 72 hours after

permit. Pages 1 and 2 should be file Department of Health end Mental Hy Important: If Item 27 Is merked other any Injury or other traumatic event page.

Physician /Medical

Examiner

the burial-transit

I or Attanding Physician: The law requires that the death certificate be executed after death.

Director: After this certificate has been signed by the attending physician and

Sign

24 hours after death. Funeral Director: A oly filled in by the fr

A JA

P.O. Box 68760.

Records,

Division of Vital

Baltimore, Maryland 21215-0020

Months Yrs.

7. Age (In yrs. last birthday)

If Under 1 Yaar | If Under 24 Hrs. Days Hours

BALTIMORE

8. Data of Birth (Month, Day, Year) Birthplaca (State or Foraign Country) MAR. 23, 1932 SOUTH CAROLINA

USA.

212-28-121 Usual Residence of Decedent

UNIVERSITY

5. Social Sacurity Number

BALTIMORE

10c. City, Town or Location

10a Stata i Hygiene. other than "natural", or items 23s or 28s-f show rent, the Medical Examiner must be notified at

10b. County

10d. Inside City Limits

MARYLAND 10e. Street and Number

HOLLINS STREET

1 M 2 D F

2 / 2 3

13. Was Decedeni of Hispanic Origin? (Specify Yas or Nolf Yes, specify Cuban, Mexican, Puarto Rican, etc.)

W Yas 2 □ No 10g. Citizen of What Country?

2159 11 Marital Status

1 Never Marriad 2 Marriad 3 ☐ Widowed 4 ☑ Divorced

12. Was Decadent Ever in U,S. Armad Forces? I ☐ Yes 2 X No If Yes, Giva Year or Dates:

1 ☐ Yes 2 No Spacify:

14. Raca - American Indian, Black, Whita, atc. Specify: BLACK

15. Decadent's Education (Specify only highest grade complated)

College (1-4or 5+)

18a. Dacedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired)

BALTIMORE

PRIVATE HO MES

16b. Kind of Business/Industry

Elementary/Secondary (0-12) 17. Father's Name (First, Middle, Last)

WALKER

ELIZABETH

WORKER

18. Mother's Nama (First, Middle, Maiden Surname) HILLER

PERVIS

19a. Informant's Name/Relationship (Type, Print)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda)

RAYMOND JONES - MUBURAK MUHAMMAD 2159 HOLLINS STREET, BALTIMORE, MO. 21223 20a Mathod of Disposition

1 Burlal 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify)

20b. Place of Disposition (Name of cometery, cramatory or other place) ARBUTUS CEMETERY

Date 20c. Location - City or Town, State 8-13-96 ARBUTUS, MARYLAND

21. Signature of Funeral Service Licensee

122 Name and Address of Facility W N FUNERAL HOME, P. A. JOSEPH 1 2140 N.

enter the disease, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, the mode of dying areas, and the death in a such as cardiac or respiratory arrast arrangement of the death in a such as cardiac or respiratory arrast arrangement or respiratory arrast arrangement or respiratory arrast arrangement or respiratory arrangement or respiratory arrangement or respiratory arrangement or respiratory arrangement or respiratory arrangement or respiratory arrangement or respiratory arrangement or respiratory arrangement or respiratory arrangement or respiratory arrangement or respiratory arrangement or respiratory arrangement or respiratory arrangement or respiratory arrangement or respiratory arrangement or respiratory arrangement or respiratory arrangement or respir

Approximate Intervel Batween Onset and Death

Immediata Cause (Final disease or condition rasulting in death)

Let Wou. I

Saquentially list conditions, if any, laading to immediate cause. Entar Underlying Cause (Disease or Injury that Initiated events resulting in daath) Last

Due	to	(or	as	a	consequenca	of):

Due to (or as a consequenca of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24b. Wara autopsy findings available prior to completion of cause of death?

2□ No

25. Was case referred to medical axaminer? 1⊠Yes 2 No 27. Manner of Daath

28a. Data of Injury (Month, Day, Year)

Subject sho

29a. Certifier (Check only one)

1 Natural

2 Accident

3 ☐ Suicide

Homicida

29b. Signature and title of cartifier

29d. Date signed (Month, Day, Year)

5 Pending

6 Could not be datarmined

Investigation

O.C.M.E.

AUGUST 07, 1996

30. Nama and address of person who complated cause of death (Item 23a) (Type, Print)

1HE more 31. Date filed (Month, Day, Year) --

111 Penn Street, Baltimore, Maryland 21201 AUG 1 3 1996 Se Redistrar's Fignatura Randall

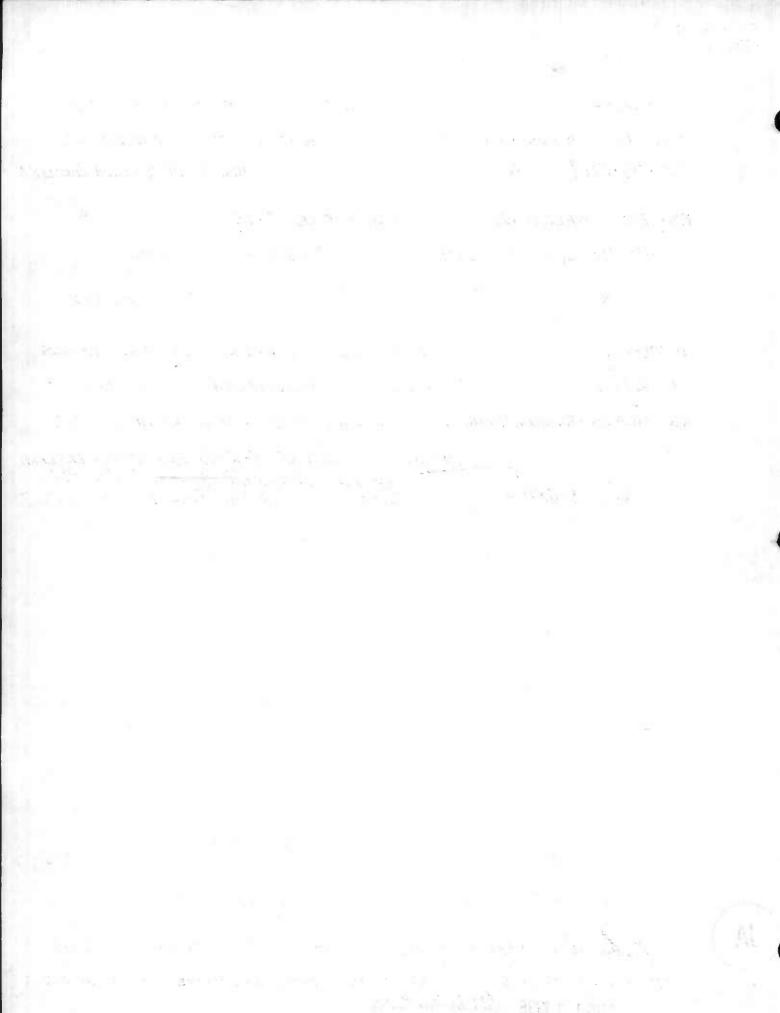
DHMH 16 Rev 6/95

24a. Was an autopsy parformed? 26. Place of Daath (Check only one) Hospital: 1 ☐ Inpatient 2 XER/Outpatlent 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28b. Time of Injury 28d. Dascribe how Injury occurred 1 Tes 2 No Found 8/6/96 2400 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number City or Town, State)

w

2159 Hollins 81

29c. License number



State

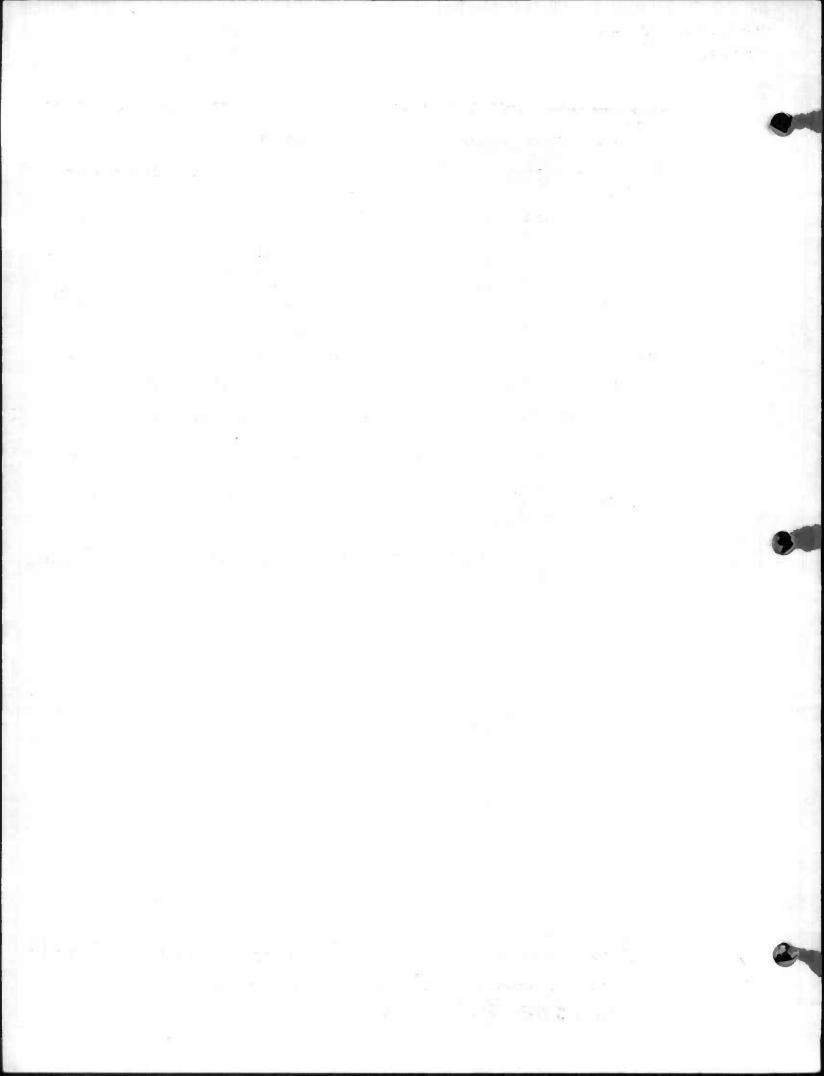
31. Date filed (Month, Dey, Year)

AUG 1 3 1996

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

1996 32. Bristrary Signature

Why when hardely



State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Sophie Н. Jablonski 4:09 A.M. 8 August 1996 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Anne Arundel Medical Center Anne Arundel Annapolis 5. Sociei Security Number If Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Dec. 14, 1 Birthplace (State or Foreign Country)
 Maryland 7. Age (in yrs. last birthday) **Funeral** 1 M 2 XF Months Days Hours 218 01 6503 Yrs. 82 1913 Director Usual Residence of Decadent the Marylend 10b. County r than "natural", or items 23s or 28s-f show the Mexical Examiner must be notified at 10c. City. Town or Location 10d. Inside City Limits Director 1 Yes 2 No Maryland Anne Arundel Arnold 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 107 Mariner Court 21012 Funeral 12. Wes Decadent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2XNo If Yes, Give Year or Dates: 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. Pages 1 end 2 should be filed within 72 hours efter 1 Never Married 2 Married 1 Yes 2 XNo Specify: Be Completed by 3 twidowed 4 □ Divorced Specify: White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Home Maker Own Home 8th 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surname) Health end Mental Julia Gasowski Lonczynski Walter 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 80 permit. Pages 1 end 2: Depertment of Health el Important: If Item 27 is any injury or other trau Ann Rasinski / Daughter 107 Mariner Court Arnold, Maryland 21012 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removel from State Glen Haven Memorial Park 8/10/96 Glen Burnie, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signetura of Funeral Service Licansee 22. Name end Address of Fecility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 ramerousto cations that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, se cause on each line. 23a. Fart1. Enter the disease, or shock, or heart failure. List Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Physician/Medical Examiner Cardiomy opothy ennic The law requires that the death certificate be executed for use as the bunal-trensit Due to (or es a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Artery Cosonary Due to (or as a consequenca of) Itnemia Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2000 3 Probably 4 Unknown Regursitation à 24b. Were eutopsy findings available prior to completion of cause of death? Completed stenosis 24a. Was an eutopsy performed? certificate 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medical 26. Piace of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 DOOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To After this To the Hospital or Attending Phy within 24 hours after deeth.

To the Funeral Director: After this completely filled in by the funeral or 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Meturel 2 Accident 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Cortifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es steted.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier Medical (Check only one) 29b. Signeture end this of cartiller 29c. License number 29d. Dete signed (Month, Day, Year) 1032654 Hugust 8, 1996 MD who completed cause of death (Item 23a) (Type, Print) John P. Serlemitsor Ritchie Itighway 1509 Arnold, mo

State Registrar 31. Date filed (Month, Day, Year)

1996

AUG 13

32 Registrar's Signature

DHMH 16 Rev 6/95

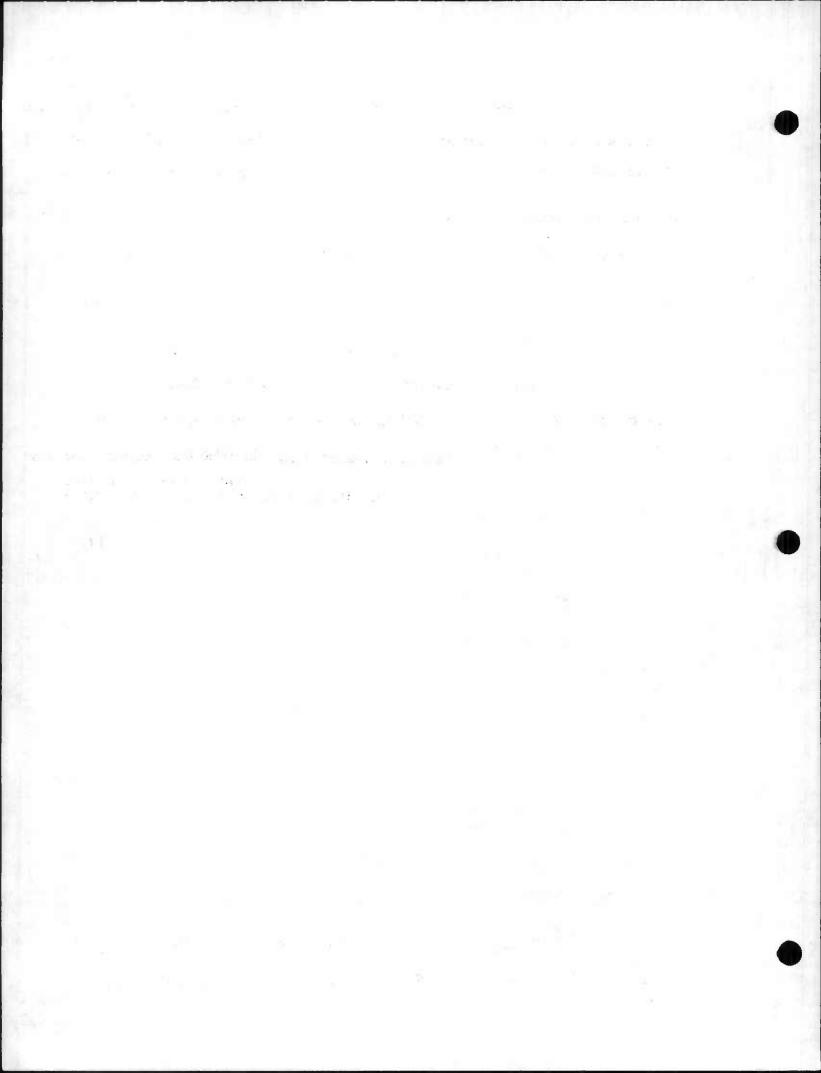
Baltimore, Maryland 21215-0020

P.O. Box 68760,

Records,

of Vital

Division



B.K.S ITEM: 23 PART I. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 27, PER MEO FILM G-738 8/23/96 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Day Veer SAMUEL KARIM 8, 1996 AUG. 0842 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 4320 CLAREWAY APT. #3-H BALTIMORE None 5 Social Security Number If Undar 1 Yaar If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Days 1⊠M 2□F Yrs. 367=32-7754 58 Director Michigan Usual Residence of Decedent the Maryland 10a. State 10h County 10c. City, Town or Location 10d. Inside City Limits None r 28a-f ah Director Baltimore 1 ØYes °2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? mast be r death with 347 E. 29th St. 21218 USA Funeral or items 12. Was Decedent Ever in U,S. Armed Forces? 1 ŽYes 2 ☐ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11 Marital Status 14. Race - American Indian, the Medical Examiner Black. White, etc. filed within 72 hours efter 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: þ If Yes, Give Year or Dates: 1954-56 Specify: 3 Widowed 4 Divorcad Black. Completed 16a. Dacedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry I Hygiane. Elamentary/Secondary (0-12) Collage (1-4or 5+) 12 Painter Unknown 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surnama) Be lend Mental I Pages 1 and 2 should be Edward Sharrod Lucy Hooper 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Department of Health elimportant: if Item 27 is any injury or other traconce. Eugene Abdul-Saboor / Nephew 347 29th St. Baltimore, Maryland 21218 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 Burlal 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 8/13 Garrison Forest Owings Mills, Md. 22. Name and Address of Facility 21. Signature of Funeral Sarvige Licensee The Derrick C. Jones Funeral Home 4611 Park Heights Ave. 23a. Pert1. Enter the disease, or complications the caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heer failure. List only one cause or each line. Approximate Interval Between Onsat and Death Immediete Cause (Final diseasa or condition resulting in death) /Medical ATHEROSCLEROTIC CARDIOVASCULAR DISEASE Due to (or as a consequence of) CHRONIC RENAL F'AILURE The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting In deeth) Last Due to (or as a consequence of): ettending physician I for use es the burie Physician/Medical Due to (or as a consequence of): been signed by the should be detached Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the causa of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ₺ Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Limited

Physician Examiner

21215-0020

Maryland

Baltimore,

P.O. Box 68760.

Vital Records,

Division of

or Attenting

death.

after death Director:

within 24 hours To the Funeral

3

certificate has

À

Completed Be P Medical Certification:

3 Suicida

4 Homicide

25. Was cesa referred to medical XXVas 2□ No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 5 Pending Investigation **X** Natural 2 Accident

6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

29b. Signature and title of certifier

1 Certifying Physician: To the bast of my knowledge, deeth occurred at the time, dete and plece, and due to the cause(s) and manner es stated.

**The dical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number

Donald & Wright MD

O.C.M.E

28c. Injury at Work?

1 ☐ Yes 2 ☐ No

29d. Data signed (Month, Day, Year) AUG. 9, 1996

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

1 Yes 2□ No

1 X Yas 2 □ No

28d. Dascribe how Injury occurred

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

DONALD G. WRIGHT MD 31. Date filed (Month, Day, Year)

111 Penn Street, Baltimore, Maryland 21201

26. Place of Death (Check only one)

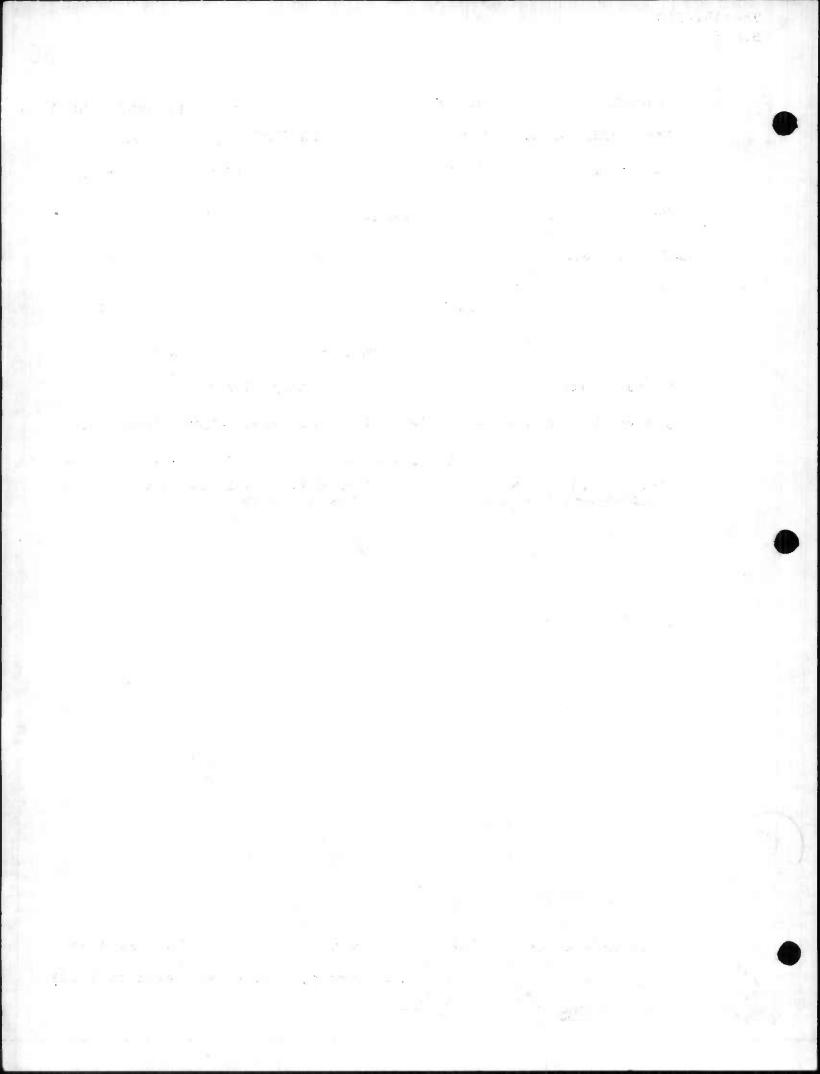
Other: 4 Nursing Home XXResidance 6 Other (Specify)

State Registrar

AUG1



2+1



State of Maryland / Department of Health and Mental Hygiene 96 23867

				Ce	ertificate	or Dea	atn		Reg. No.			
Physic /Medi		Decedent's Name (First, Middla, L. MARY MARGARE'						2. Date of D Month AUGUS	Day	Yeer 1996	3. Time of 0 9:25	
Exami		4e. Fecility Name (If not institution, gi	ve straat and numbar)			4b. Cli	ty, Town, or L	ocation of Dea	th 4c. Coun	ty of Death		
		ST. AGNES HOSPI	ΓAL			I	BALTIMO	ORE		N/A		
uneral			Sex 7. Ag	e (in yrs. last birthda)			Inder 24 Hrs. ours Min.		irth lay, Yaar)	9. Birth	plece (Stata or	Foreig
lirector		213-32-88/9	ILIM ZELF	88 Yrs.				JULY 2	0, 1908	M	ARYLAND)
3		Usual Residence of Decedent 10a. State 10b. County		10c. City, Town or L	Location							
show	5										10d. Inside City	
Pag-	Director	MARYLAND N/A		BALTI								2 LI N
0 8		10e. Street and Number			10f. Zip C				10g. Citizen of	What Cou	intry?	
234	La	2822 CARROLL ST	7			1230				S.A.		
el', or items 23a or 28a-f shov Examiner mail be notified at	Funeral	11. Maritel Status	12. Wes Decedent Armed Forces? 1 \(\text{Yes} \) 2 \(\text{Z} \)	Ever In U,S. 13	 Was Deceder If Yas, specify 	nt of Hispen Cuban, Me	lc Orlgin? (Sp exicen, Puerto	pecify Yes or N Rican, etc.)		ace - Ameri eck, White,	can indian, , etc.	
9	by F	1 ☑ Never Married 2 Married 3 Widowed 4 Divorcad	If Yes, Give	No	1 ☐ Yes 2 ☐	No Spe	ecify:		Spec	ify:		
			Year or Dates:	1 40 0							HITE	
	Completed	15. Decadent's E (Spacify only highast gr	eda complatad)	(GIV	adent's Usual (a kind of work of NOT usa	dona durina	most of work	king	16b. Kind of I	Business/Ir	ndustry	
than	Эшо	Elementary/Secondary (0-12)	College (1-4or :	5+)	HOMEMAI					HOME		
Tr.		17. Father's Name (First, Middle, Last	1)		HOMEMAI		Mother's Nam	A /First Middle	a, Maidan Surna	HOME		
	o Be											
7 is marked traumatic e	스	HARRY A. KING 19a. Informant's Name/Relationship	(Tyne Print)	10h Mai	illog Addross /6		MARGARI		VEY ber, City or Town	e Ctate 7	- Codel	
7.5		ELIZABETH KING							ORE, MA			10
item 2 other		20a. Method of Disposition	DISTER	20b. Place of Disp			IKEEI,	Date	20c. Location			U
		1 X Burial 2 ☐ Cremetion 3 ☐		cemetery, cri	ematory or other	ar piece)		AUG. 9,	200. Education	ony or t	Own, State	
ntan I		4 Donation 5 Other (Special	-	NEW CATH				1996	BALTI	MORE,	MARYLA	ND
important: if any injury or once.		21. Signature of Funerel Servica Lice	el or		LOUDON	PARK	FUNER		TIMORE,	MADV	TAND 21	22
		23. Part V Enter the disease, or comshook, or heart failure. Ust only	plications that caused	the death. Do not er						PIAKL	Approximete	
slcian		snock, or neart tallure. Ust only	one cause on each III	10.							Onset and De	
ledical		Immediate Cause (Finel disease or condition	MALTON	NOUN CE	יועיי די	1	2 WEEK					
miner		resulting in death)	a. PIALIGN	ANT PLEURA		STON (JF UNK	NOWIN CE	LL LIFE	1	Z WEEN	۵.
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S	Examiner				A MOMA TO	OF CI	HECT IJ.	ATT				.0
5 6		Sequentially list conditions.	U.		-	OF CI	HEST W	ALL		1	4 IEAR	
an and inal-tra		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	U.	Due to (or as a conse	-	OF CI	HEST WA	ALL		 	4 ILAN	
ysician and ne bunal-tra		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	C	Due to (or as a conse	equence of):	OF CI	HEST WA	ALL			4 IEAF	
ding physician and se as the bunal-tra	Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Last	C		equence of):	OF CI	HEST WA	ALL			4 I LAF	
he attending physician and led for use as the bunal-transit	Medical	that infleted events	c	Due to (or as a conse	equence of):				I tobacco uae c	ontribute t		death
by the	Physician/Medical	resulting in deeth) Last Part II. Other significant conditions of	cd	Due to (or as a conse	equence of):			23b. Did	l tobacco use c			
gned by the be detached	by Physician/Medical	resulting in deeth) Last	cd	Due to (or as a conse	equence of):			23b. Did	Yes 2K No	3 □ Pro	o the cause of bably 4 □ U	nknov
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ata has been signed by the page 2 should be detached	o Be Completed by Physician/Medical	Part II. Other significant conditions of CHOLELITHIASI HTN COLONIC POLYP 25. Was case referred to medical examiner?	c contributing to death by S Hospital: 1 💆 Inpatte 28a. Dete of Injur (Month, Day)	Due to (or as a consection of the latest terms of the latest term	equence of): underlying cause	se given in i	Part I. Place of Deal □ Nursing Ho	23b. Did 1 24a. Wa: peri 1 1 th (Check only)	Yes 2X No s an autopsy ormed? Yes 2 X No ona)	3 Pro 24b. W av cc of	o the cause of bebly 4 Under Und	nknov dings use

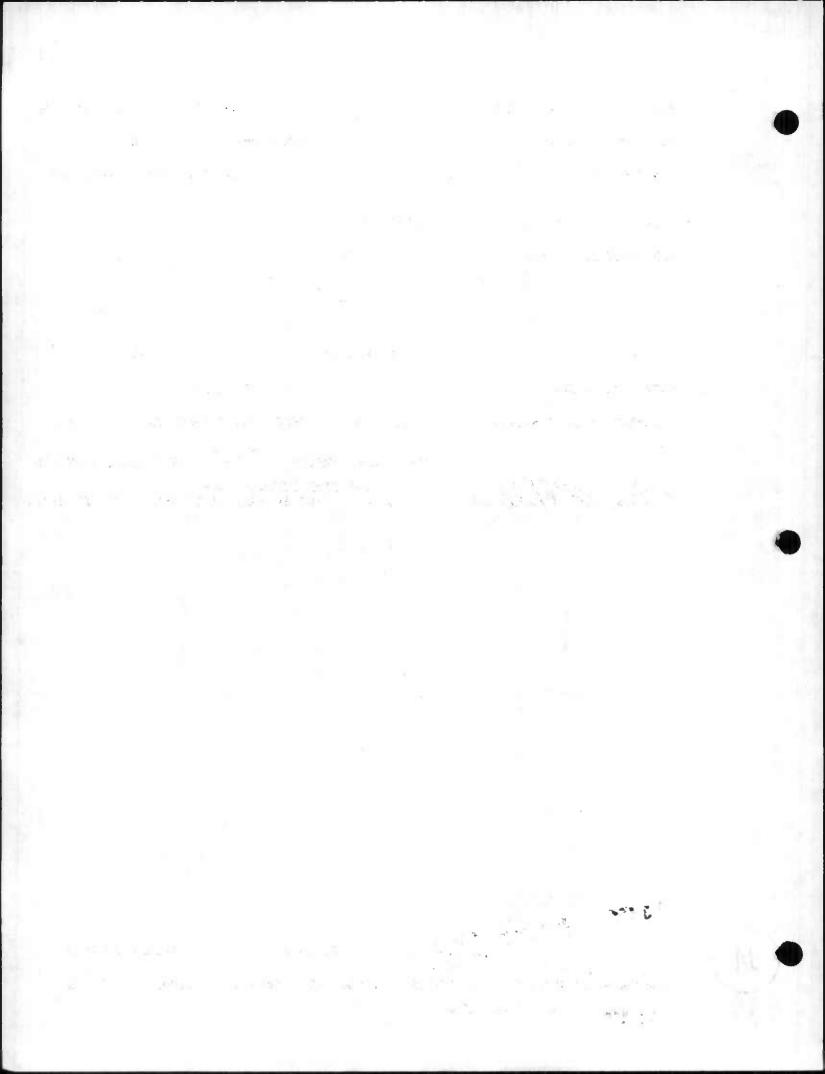
MAMATHA S. ANANTH, ST. AGNES HOSPITAL, 900 CATON AVENUE, BALTIMORE, MD 21229 31. Date filed (Month, Day, Year)

29c. License number

PO 8417

29d. Date signed (Month, Day, Year)

AUGUST 7, 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death **Physician** Month 205e Kat-Z August Seventh 1996 (1:25AM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Sinu Hospita BALTIMORE If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Days Hours Min. (Month, Day, Year) 6. Sev 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Days 1□M 2√F Yrs. 213-01-1556 81 MAR. 9, 1915 WASH., D.C. Usual Rasidance of Dacedant 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits TYPE 2 No Director MD N/A BALTIMORE 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? U.S.A. 2434 W. BELVEDERE AVENUE (LEVINDALE) 21215 Funeral 12. Wes Decedent Ever In U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuben, Mexican, Puerto Rican, atc.) 14. Reca - Amarican Indien, Black, Whita, etc. 1 ☐ Yes 2√3No If Yas, Give Yeer or Datas: 1 ☐ Never Merried 2 ☐ Married 1 Yas 2 No Specify: Specify: WHITE à 3€ Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highast grade completed) 16a. Decedant's Usual Occupetion (Giva kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 HOUSEWIFE OWN HOME 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Maldan Sumama) Be 0 FERSHTUT ISAAC SARAH UNKNOWN 19a. fnformant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 3319 OLYMPIA AVENUE DR. STANLEY KATZ - SON BALTIMORE, MD 20b. Place of Disposition (Neme of cematary, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Steta XXBurial 2 ☐ Cremetion 3 ☐ Ramovel from Stete 4 ☐ Donation 5 ☐ Othar (Specify) 8/8/96 SHAAREI ZION ROSEDALE , MD 21. Signature of Funeral Service Lice 22. Nama and Addrass of Facility Sol Levinson & Bros., Inc. neser 8900 Reisterstown Road Pikesville, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Onsat and Death Immediata Causa (Final disaesa or condition rasulting in deeth) Dua to (or as a consequence of): mointestical Examiner Sequantially list conditions, if eny, laading to immediata causa. Enter Underlying Causa (Disaasa or injury that initiated avants rasulting in daath) Lest Dua to (or as a consequence of) Physician/Medical Dua to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Unknown 1 Yes 2 No 3 Probably Principuescular disease ģ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? Istes. Chonic repulsaline Stoke dement Co.

25. Was casa referred to medicat examinar? 1 Yes 2 No 1 Yas 2 No Be 26. Place of Deeth (Check only one) 1 Yas 2 No Hospital: 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) Certification: To 26a. Data of fnjury (Month, Day Year) 27. Mannar of Death 28b. Time of 28d. Describe how Injury occurred 28c. injury at Work? 1 Natural 2 Accident 5 Pending 1 Yas 2 No investigation 6 Could not be datamined 3 Sulcida 28a. Piace of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated.

[2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated. edical 29a. Certifier 29b. Signature and title of certific 29c. Licensa number 29d. Dete signed (Month, Day, Year) ed causa of death (Itam 23a) (Type, Print)

State

Funeral

Director

Items 23s or 28s-f show ther must be notified at

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"natural",

permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy Important: If Nem 27 is marked othe any Injury or other traumatic event ance.

Physician /Medical

Examiner

physician s s the burial-

the signed by i

hes

certificate

this

After

To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: All completely filled in by the fu

The law requires that the death certificate be executed

P.O. Box 68760.

Division of Vital Records,

Hospital or Attending Physician:

death.

the Merylend

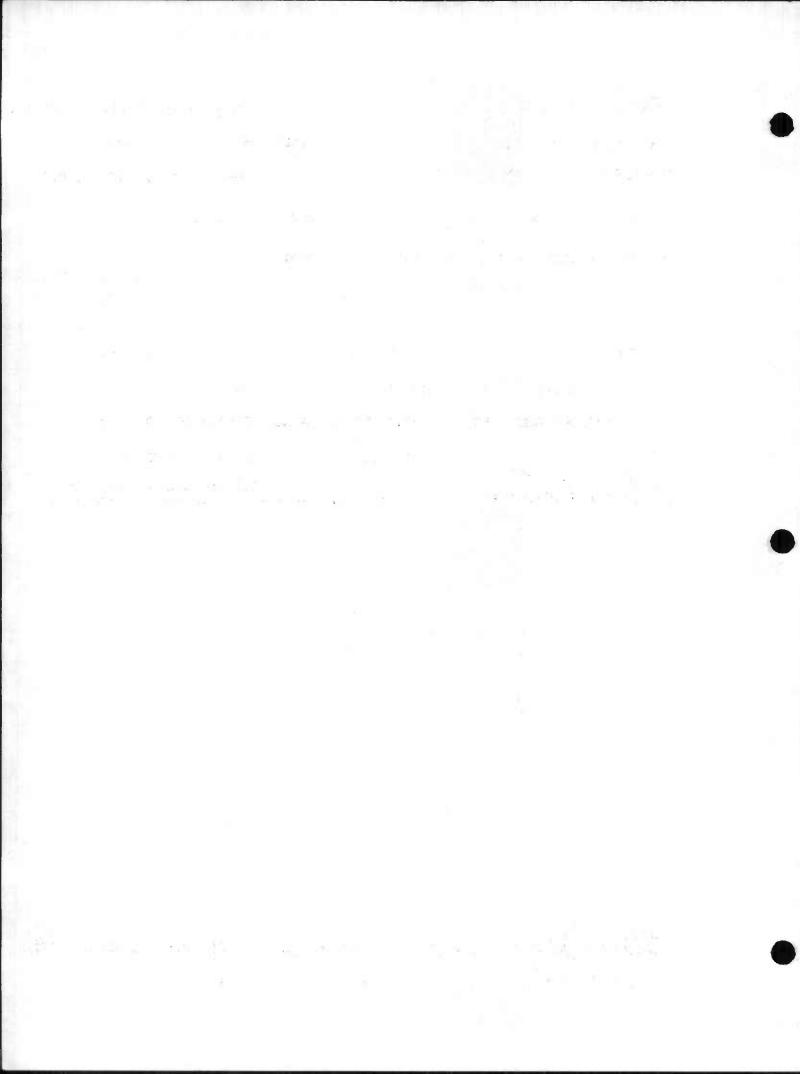
death

filed within nd Mental Hygiene. marked other than

Baltimore, Maryland 21215-0020

31. Data filled (Month, Day, Year) AUG1 31996 Registrar

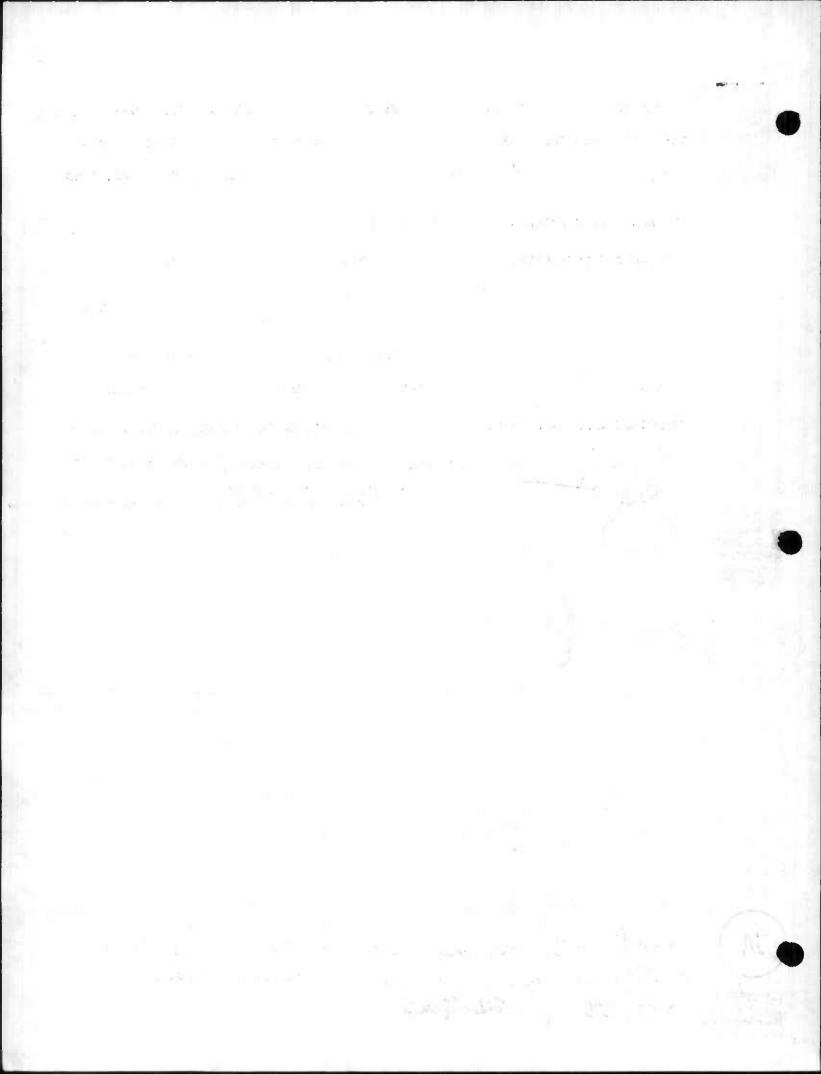
32. Registrar's Signatura Non-Randell



State of Maryland / Department of Health and Mental Hygiene 96 23869

item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, training a more removed to the companies of the comp	Completed by Funeral Director	1. Decedent's Name (First, Middle, La. MILDRED 4e. Facility Name (If not institution, given the CHESAPEAKE NURSIN to the Sacretity Number to the Sacr	CLARA e street end number G HOME ex 7. A UNDEL DRIVE 12. Was Decedent Armed Forces 1	ge (In yrs. I 70 10c. City GL	Yrs. 7, Town or L EN BUI	ocation RNIE 10f. Zip 21	1 Year If Days H	RNOLD Under 24 Hrs. ours Min.	2. Date of Deat Month AUGUST coation of Deeth 8. Date of Birth (Month, Day, JULY 15,	Day 10 1 4c. County ANNE	9. Birthpl Coun MARS	3. Time of Death 10:25 AM IDEL lece (State or Foreigner) YLAND Od. Inside City Limits 1 \(\text{Y es 2 \(\text{X} \) No
overt, the Medical Examiner must be notified at one common must be notified at one common must be notified at one common must be commissed by Figure 10 incretor	Completed by Funeral Director	4e. Facility Name (If not institution, given CHESAPEAKE NURSIN 5. Social Security Number 6. S 216-20-3897 Usuel Residence of Decedent 10a. State 10b. County MARYLAND ANNE AR 10e. Street and Number 113 COUNTRY CLUB 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's Ed. (Specify only highest grae Elementery/Secondary (0-12)	e street end number G HOME ex 7. A UNDEL DRIVE 12. Was Decedent Armed Forces 1	ge (In yrs. I 70 10c. City GL	Yrs. 7, Town or L EN BUI	ocation RNIE 10f. Zip	AJ 1 Year If Days H	RNOLD Under 24 Hrs.	AUGUST coation of Deeth 8. Date of Birth (Month, Day, JULY 15,	10 1 4c. County ANNE Year) 1926	996 of Death ARUN 9. Birthpl Coun MARS	IDEL lece (State or Foreign try) YLAND Od. Inside City Limits
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to Se de			College (1-4or	5+)	F	HOMEMA	KER			OWN HOM	f E	
D .	ñ	17. Father's Name (First, Middle, Last)						Mother's Name	(First, Middle, N	2		
aumati T	0	DANIEL			SADI	LER		MARIE				DC
5 2	-	19e. Informant's Name/Relationship (Tune Print		1			-	al Route Number,		RENOL:	
11 16	1											
other		VERNON LEE KEYS, JI 20a. Method of Disposition	R. (SUN)	20h Pi	406	FOX C	ATCHE	ROAD,	BELAIR,			
	1	1 ☐XBurial 2 ☐ Cremation 3 ☐	Removal from State	0.0	emetery, cre	ematory or o	ther place)		Date	20c. Location -	City or 1 or	wn, Stete
Injury B.		4 Donetlon 5 Other (Specif))	MAR	YLAND	VETER	ANS CH	EMETERY	3/13/96	CROWNSV	ILLE	, MD
Important: If any Injury or once.		21. Signature of Funeral Servica Lican	see		2	22. Name en	d Address of	Facility				
any conce		1 7						NERAL H				
	-	23a Harl Foter the disease or com	dications that cause	d the death	Do not en	SECOI	ND AVE	. S.W.,	GLEN BU	JRNIE, I	MD 21	Approximete
	1	23a. Find The disease, or complete hock, or heart failure. List only									1	Interval Between Onset end Deeth
siclan edical		Immediate Labora (Finel	Minto	1	0	0-	0		(,			onsor one boom
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teched hvs	2	Part II. Other significant conditions of	ontributing to death b	out not resu	iting in the u	underlying ca	ause given In	Pert I.	23b. Did tol			the cause of death
ege G									1 🗆 Ye	8 2 No	3 Prob	ality 4 Unknow
d be dateched for										10,000	045 147	
page 2 should	0								24e. Wes an perform	ed?	ava	ere autopsy findings allable prior to
N Q	1										of d	npletion of cause deeth?
director, page	5								1 ☐ Ye	s 2 DN o	10	Yes 2□ No
Be C	9	25. Was case referred to medical					26.	Place of Death	(Check only one	9)		
Il director, pag To Be Co		examiner?	Hospital:	ent 2 E	ER/Outpatie	nt 3 DO	Other		me 5 Reside		er (Specify	,1
100		27. Manner of Death	28a. Date of triju	iry	28b. Time o		Bc. Injury at Work?	1	28d. Describe ho	_		,
the funeral	2	1 Naturel 5 Pending 2 Accident Investigation	(Month, Da	y Year)	Injury	м	Work? 1 ☐ Yes	2 🗆 No				
ed in by the funer.	2	3 ☐ Suicide 6 ☐ Could not be		iune - At hor	mo form et				28f. Location (Str	and Alumba	or or Pural	I Pourto Alumbor
in by		4 ☐ Homicide determined	building, et	c. (Specify))	ileet, lectory	, Ollice		City or Town,	, State)	y or nurar	Houle Mulliper,
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edical	3	(Check only 2 Medical Exam	rsician: To the best Iner: On the basis o	of my know f examinati	dedge, deat on and/or in	th occurred envestigation.	ot the time, do	ate and plece, or, death occurr	end due to the ce	use(s) and mar	nner as sta	ated. the cause(s)
2		one)	and menner st	ated.								
§ \ Z	1	29b. Signature and title of certifier	Λ .				License nur		29	d. Date signed	(Month, E	
1		Whymae M	Acte completed cause of co., 1600 C.	din	· Don	ter	Do	2168	4	8.1:	2.5	6
	3	30. Name and address of person who o	ompleted cause of	leath (Item	23a) (Tyne	Print)						
10		C.V.CTRIAC.MD	1600 0	RAIN	1019	14.006	GLR	NBURA	DR. MC	21061		
011		31. Date filed (Month, Day, Year)	22 000	nes Speed	7		/					
State legistrar		AUG 1 3 1996	Gira David	100 - May	moule							

DHMH 16 Rev 6/95



IN THE PARTICE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be traced by the State Dept. of Health and Mental Hygiene prior to burial. Cremation, or removal.

IN PORTANT II ILEM 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL	HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)	7 !	1 - 0 - 0			2. DATE O	F DEATH	, 1998	AR 3	11:45 A.M.		
- 33	4. SOCIAL SECURITY NUMBER	Joseph 5. SEX 6. AGI	LaSal.a E (In yrs. lest birthdey) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C				ACE (State or Foreign		
	114-05-2460	1** M 2 □ F	78 YRS. MOI	THS DAYS	HOURS MIN.	Oct.	Day, Year)		Country)	York		
E C	9a. FACILITY NAME (If not institution, give s 1613 Denise Driv	The state of the s		Forest	R LOCATION OF DE	ATH		Harfo		тн		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY							,,,,,				
DIRECTOR	100.100	rford		est Hi					- 1	Od. INSIDE CITY LIMITS? YES 2 NO		
	10e. STREET AND NUMBER			10f.	ZIP CODE			tog. CITIZEN	OF WH	AT COUNTRY?		
ER	1613 Denise Driv	e Forest Hi	ll, Marylan	d	21050			us	A			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3(3) Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 10		ENDENT OF HISPAN city Cuban, Mexica 2 NO Specify	n, Puerlo R			Black, \	- American Indian, White, atc. White		
	15. DECEDENT'S EDU (Specify only highest grade		18a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mas	N st of working	16b.	KIND OF BUS	INESS/INDUST				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 years	Brickmas			B,	ickla	yers U	nio	n #37		
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA							
BE	Joseph F. LaSala				C. Fra	nces	Vette	r				
2	19a. INFORMANT'S NAME (Type/Print) Joseph Edward Las	2000			nd Number or Rural I					1		
	20a. METHOD OF DISPOSITION		3121 COR		r Road S	DATE		CATION — City				
	1 □ Burial 2 □ Cremation 3巻FRem 4 □ Donation 5 □ Other (Specify)	oval from State	Gate of Hea	ven ce	metery	8-1	100			t, New York		
	22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home of Bel Ad 610 West Mac Phail Rd. Bel Air.											
	22. ART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart affirm. List Dniy one cause on each line. IMMEDIATE CAUSE (Final Onset and Deat											
CERTIFICATION	disease Dr condition reculting in death) BRAIN METASTASIS DUE TO (OR AS A CONSEQUENCE OF): CAUCICA DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
AL CE	PART II. Other aignificant condition	ns contributing to death	but not recuiting in t	he underlying	j cause given in	Part I.	24s. WAS AN PERFOR			VERE AUTOPSY FINDINGS WAILABLE PRIOR TO		
PHYSICIAN: MEDIC	DNEMIA						t 🗌 YES 2	MNO		COMPLETION OF CAUSE OF DEATH?		
ä	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH YES	□ NO □	UNCERTAIL	NX						
CIA	2S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH									
YSI	1 TYES 2 NO	1 Inpatient 2 ER/O		THER: Nursing Hom	6 5 Realdence	6 🗆 Other	(Specify)					
	27. MANNER OF DEATH t Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		WO	RK?	28d. DEŞ	CRIBE HOW I	NJURY OCCUR	ED			
ВҰ	2 Accident Investigation	284 PLACE OF IN II	JRY — At home, term, stree	M 1 1	*	201 1 001	TION (Orași		0 1 0			
TED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (S	Specify)	n, incrory, office			r Town, State)	and Number or i	Hurai Hoi	ule Number,		
COMPLETED	Large Control of the	ER: On the best of my kn							euse(s) :	and menner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ar MD			29c. LICENSE NUI D3185	MBER S		29d. DATE SE		Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WEDGES HIS SHIFT	MA MD	DEATH (ITEM 27) (Type, Pri 1814 BYZL			ALL	STA		_			
	31. DATE FILED (MÖÑIN, Day, Year)	ulia Davidson-A			/ (.					. ,		

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month William Anthon Lane 1996 August 1200 12 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** General Hospital Fallston tallston Harford If Under 1 Yeer | If Under 24 Hrs. | 8. Deta of Birth (Month, Day, May 3, MD 5. Sociel Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 1 □ M 2 □ F 215-24-0061 Yrs. 67 **Director** Maryland Usual Residence of Decedant 10e. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show treumstic event, the Medical Examiner must be notified at Maryland Harford 1 Yas 2 No Director Bel Air 10e. Straat and Number 10f. Zip Coda 10g. Citizen of What Country? ò 1312 Bennett Place Rems 23a 21015 U.S.A. Funera 12. Wes Dacedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yas, Giva Year or Detes: Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Nevar Married 2 Married "natural", or 1 ☐ Yas 2 🕅 No Specify: þ Specify: White 3 Widowed 4 Divorced Completed Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within: Depertment of Health and Mental Hygiena. Important: If Item 27 is marked other than "nay injury or other treumatic event, the Med Elamantery/Secondary (0-12) College (1-4or 5+) Supervisor 8th grade Shipyard 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) Bartholomew Augustus Lane Waneita Cunningham 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Betty Lane (wife) 1312 Bennett Place, Bel Air, MD 20b. Place of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 N Burial 2 ☐ Cramation 3 ☐ Removal from State Parkwood Cemetery 8/16/96 Baltimore, Maryland 4 Donetion / Other (Specify) 22. Normal address of Facility
Schimunek Funeral Home of Bel Air, Inc.
610 W. MacPhail Rd., Bel Air, MD 21014 Minaral Sarvice Lice 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, mock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical Immediate Ceusa (Finel MASSIVE MYOCARDIAL INFARCTION diseasa or condition resulting In death) Examiner Due to (or es a consequance of): Physician/Medical Examiner PULMONARY EDEMA

Due to (or as a consequence of): physician end the buriel-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury thei initiated avants rasulting in daath) Lest 2 MONTHS usa Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yas 200 No certificata 25. Wes casa ratarrad to medical axaminar? Be 28. Pleca of Death (Check only ona) Hospitai: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) edical Certification: To 1 Yas 2 No 1 Nnpatiant 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Mennar of Death 28b. Time of 28c. injury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Panding 1 Yas 2 No investigetion 2 Accidant 8 Could not be datarminad 3 Suicida 28f. Location (Straet and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office bullding, atc. (Specify) 4 Homicida Certifying Physician: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifiar (Check only one) To the Within To the 29b. Signeture end titla of certifiar 29c. Licansa numbar 29d. Dete signed (Month, Day, Yaar) Deshalung MD

1814 BELAR RD, FALLSTON, MO21047

Registrar

Julia Landson-Randell 31. Date filed (Month, Day, Year) AUG 1 3 1996

DESH SHARMA MD

30. Nema and addrass of person who complated causa of death (ttem 23e) (Type, Print)

15

ng Physician: The law requires that tha death certificate be axecuted

P.O. Box 68760.

Records,

on of Vital

72 hours after

Baltimore, Maryland 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 23872 Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death 3. Time of Deeth **Physician** Month 6:50 even 4uc 1996 /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, of Lecation of Death 4c. County of Death Examiner Bon Bal N/A imore Ecours Loto Con 8. Date of Birth (Month, Dey, Year) NOV 15,1954 If Under 1 Year if Under 24 Hrs 5. Social Security Number (In yrs. last birthdey) Birthplace (Stete or Foreign Country) **Funeral** X M 2 F Days Hours 219-66-5384 42 Vrs Director MARYLAND Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at X Yes 2 No Director MD N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5 filed within 72 hours efter death with 1720 ST. PAUL STREET Herns 23a USA Funeral 21201 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 █ No If Yas, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Merried 2 Married 1□ Yes Z No Baltimore, Maryland 21215-0020 ò ۵ 3 ☐ Widowed 4 ☐ Divorced Specify: BLACK "natural", Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "na any Injury or other traumatic event (Specify only highest grade completed) Elementary/Sacondary (0-12) College (1-4or 5+) CLERK ADVERTISING 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Malden Sumame) Be ANDREW HERBERT LEGGINS ELSIE DANDRIDGE 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) BALTIMORE, MD. 21237 RUBY C. LEGGINS (SISTER) 48 CAPELLA COURT 20a. Method of Disposition

A☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State MOUNT ZION CEM 08/16/96 LANSDOWNE, MD. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility CAPLE FUNERAL SERVICE -5502 WINNER AVENUE BALTIMORE, MD 21215 hase, or commications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory arrest, Physician Tage Acquiré d'immune buard (or as a consaguance of): Déficiency syndrome /Medical immediate Cause (Final disease or condition resulting in daath) Examiner The lew requires that the deeth certificate be executed Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as e consequence of). Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 2 1 Yes 2 No 3 Probably 4 ☐ Unknown signed b JMi by 24b. Were autopsy findings evailable prior to completion of ceuse of death? Be Completed 24e. Was en autopsy performed? certificate 1 Yes 1 ☐ Yes 2 ☐ No nding Physician: 25. Was case refarred to medical 26. Placa of Death (Check only ona) 10 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA His 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Panding investigation 1 Natural 1 Yes 2 No 2 Accident death 6 Could not be determined 3 Suicide 28a. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) B 4 | Homicide

Records, P.O. Box 68760. (Ision of Vital

Medical

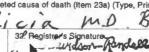
29a. Certifier

State Registrar

man 30. Nama and address of person whe completed causa of daath (Item 23a) (Type, Print) MARCOS GA

29b. Signature and title of certifier

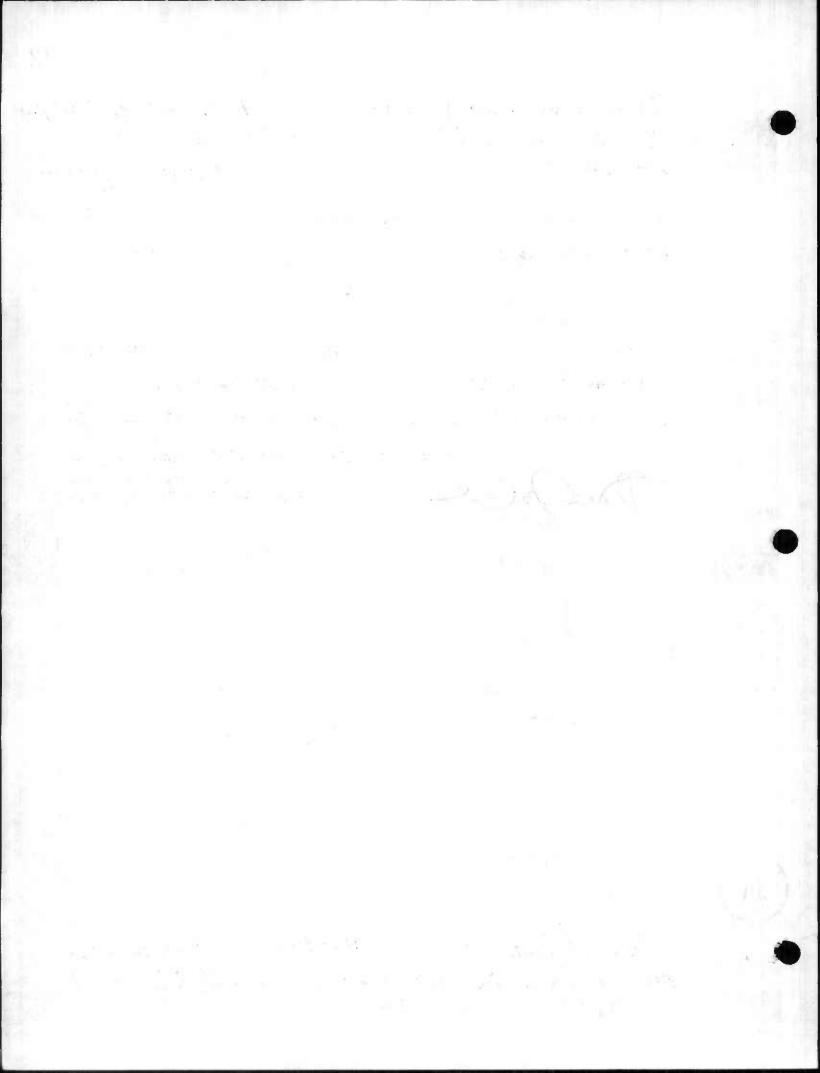
31. Date filed (Month, Dey, Year) AUG 13 1996



1 Certifying Physician: To the best of my knowladge, death occurred at the time, date and place, end due to the causa(s) and manner as stated. 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated.

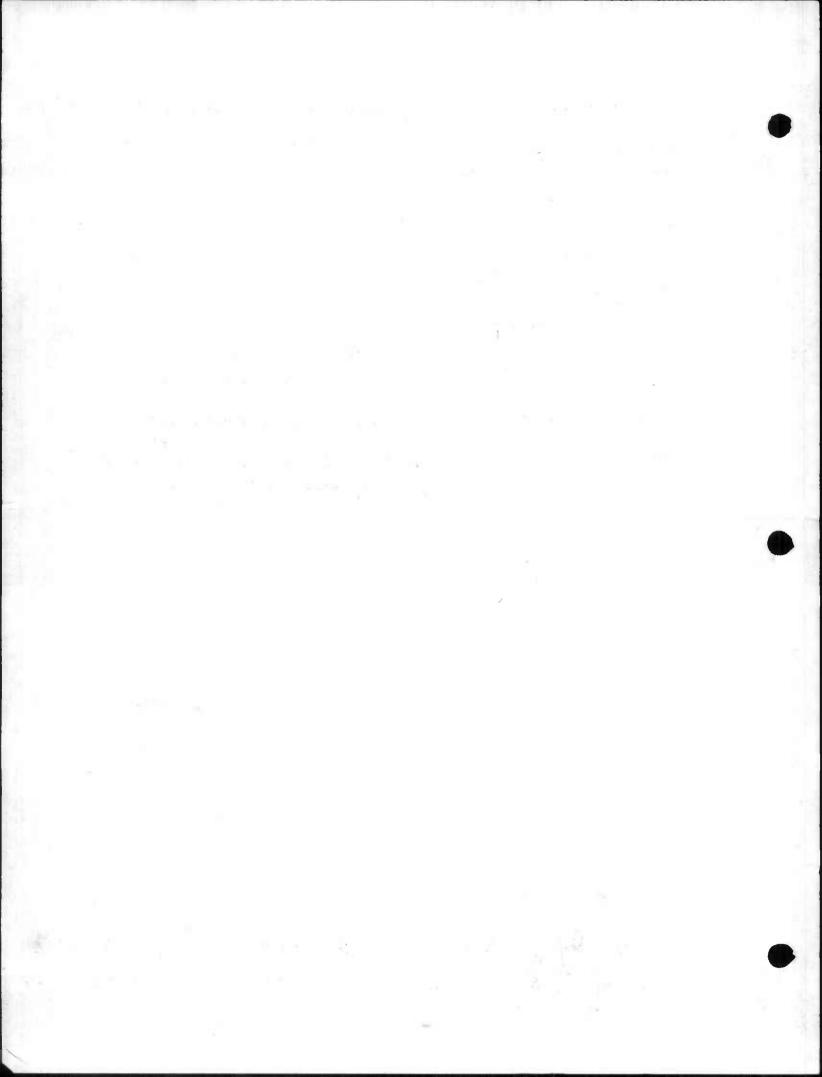
29d. Date signed (Month, Dey, Year)

Bin Secous Hospitel, Baltiners, Med



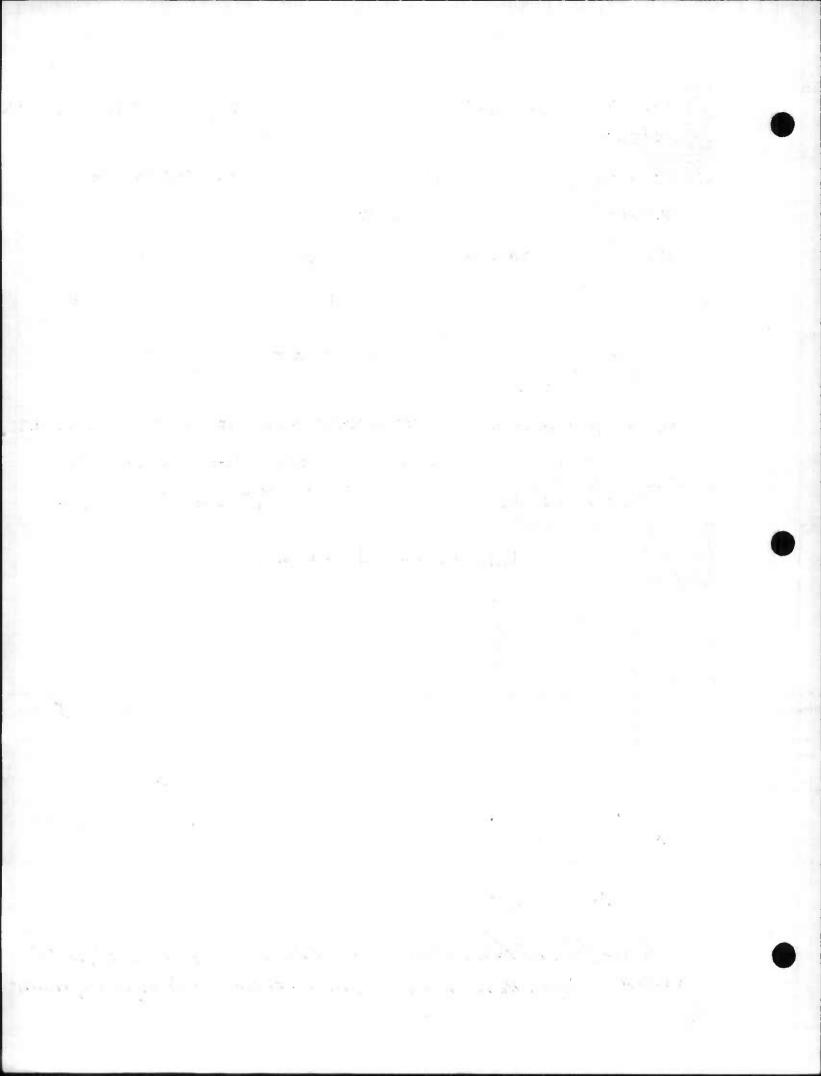
State of Maryland / Department of Health and Mental Hygiene 96 23873

					Ce	rtifica	ite of	Death		Reg. No.	20		,,,
	_	1. Decedent's Neme (First, Middle, I		1					2. Dete of De Month	eth Dey	Year	3. Time	e of Death
hysician /Medical		Edwar	rd	Le	V4 (EDWA	RD L	EVY)	July		1996	5	bis bis
Examiner	4	la. Fecility Neme (If not Institution, g	nive street and number	r))			4b. City, Town, or I	Location of Deeth	4c. Co	unty of Death		
		621 N. CLINTON ST	TREET					BALTIMOR			N/A		
eral ctor		195-20-1437		ige (In yrs.	lest birthday, Yrs.	Month	er 1 Yeers Deys		8. Dete of Bir (Month, Da MAY 28	y, Year) 27	9. Birth	nplece (Ste VSYLV	te or Foreig
	-	Usuei Residence of Decedent 10e. Stete 10b. County		10c Ci	ty. Town or L	ocation						10d Inside	City Limit
5	1	AT / A			LTIMOR								es 2 N
5	-	MD N/A 10e. Street end Number		DA	LI IMOR		ip Code			10a Chizon	of What Cou	Λ	
Funeral Director		1918 CRAFTON AVI	T			2	1222			U.S.	Α.		
þ		11. Meritel Stetus 12 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Deceder Armed Forces 1 ☐ Yes 2 ≦ If Yes, Give Yeer or Detes	?] No	J,S. 13.	If Yes, sp	ecity Cut	Hispenic Origin? (S ban, Mexican, Puert Specify:	pecify Yes or No o Rican, etc.)		Rece - Amer Bieck, White ecify:	etc .	, WHITE
Completed		15. Decedent's (Specify only highest (Education grade completed)		16e. Dece (Give	dent's Us	uei Occu	pation during most of wor	king	16b. Kind	of Business/li	ndustry	
фшо		Elementery/Secondery (0-12)	College (1-4o	r 5+)		EAMA		90)		MER	CHANT		
Be		17. Father's Neme (First, Middle, La JOHN LEVY	st)					18. Mother's Ner KATHE	me <i>(First, Middle,</i> CRINE SA				
To		19a, Informent's Neme/Reletionship				-		ot and Number or Ru				ip Code)	
	-	20e. Method of Disposition			Plece of Disponentery, cre	osition (A	eme of		Dete		on - City or 1	rown, Stete	Э
		XXBurial 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Special)		0		-		-	8/2/96	GANOTO	WN. W	V	
DUCE.		21. Signeture of Funerel Service Lic	M R.		/ E	2. Neme 3ROWN	and Addr FUN	ess of Facility IERAL HOME	E, 327 W	. KING	STRE		
	+	23a. Pert1. Enter the disease, or co shock, or heart feilure. List on	mplicetions that caus	ed the dee	th. Do not en	O BC	X 82 ode of dy	1, MARTIN	SBURG,	WV 254	101	Approxir	mete
an l		shock, or heart feilure. List on	ly one ceuse on eech	line.								interval	Between nd Deeth
ai		fmmediete Ceuse (Finel diseese or condition		Aca	'na ti	00	P.	neumon	ia		i	21	launc
er	1	resulting in deeth)	Θ.	Due to (or as a conse	quence o	f):	(60,000	. (
ner	1			Lu	ng (Can.	cer					8 m	ionths
Examiner		Sequentially list conditions,	D		or as conse						T i		
		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury		5	trok	6						2 48	ers
Medicai		thet initiated events resulting in death) Lest	U		or as a conse):	· · · · · · · · · · · · · · · · · · ·				0	
cian			d								1		
Physician/		Pert II. Other significant conditions	contributing to death	but not res	sulting In the I	underlylng	cause g	iven in Pert I.	23b. Did	tobacco use √os 2□1	contribute	to the cau obably	
Completed by									24e. Wes	an autopsy rmed?	a	Vere autop valiable pri completion of deeth?	or to
E O									10	Yes 201	lo 1	☐ Yes	2 No
BeC		25. Wes case referred to medical						28. Place of Dec	eth (Check only o	one)			
To B		examiner? 1 ☐ Yes 2 ☑ No	Hospitel: 1 Inpa	tlent 2	ER/Outpatie	ent 3	DOA O	ther: 4 Nursing H	1		Other (Spec	ify)	
tion: 1	1	27. Manner of Deeth 1 Naturei 5 Pending investigat	28e. Dete of in (Month, E		28b. Time of injury		28c. Inju		28d. Describe		-	,	
Certification:		3 Suicide 6 Could not determine	28e. Piece of I building,	njury - At h etc. <i>(Speci</i>	ome, ferm, st	treet, fect	ory, office		28f. Location (City or To		umber or Ru	ral Route A	Vumber,
edicai C			Physician: To the bes	of exemine									se(s)
N N		29b. Signeture end title of cegtifier	ond monner	steteu.		2	9c. Licer	ise number		29d. Date s	igned (Month	i, Dey, Yea	ır)
		> Em def	mye M	0			D4	(3427					996
74	1	30. Name and address of person who	Ray UND	deeth (iter		Print)		4940 Ecste	on Ave.	Baltin	ere, m	10 2	11224
State	:	31. Dete filed (Month, Day, Yeer)	32. Regis	trer's Sign									



			State of Maryland / Departn Certific	nent of Head			iene 90	23814					
	Physici	an	1. Decedent'a Name (First, Middle, Last)			2. Dete of Deat Month		3. Time of Death					
	/Medic			NIK		AUGUST	12 1	996 9 AM					
>	Examir	ner	4a. Facility Name (If not Institution, give street and number) Good Samaritan Hospital		City, Town, or Loc Baltimore		4c. County of N/A	Death					
-	Funeral		5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey)	Jnder 1 Year If				. Birthplace (State or Foreign					
п	Director		217-24-5916 10(M 2□ F 68 Yrs. Mo	nths Days	Houra Min.	8. Dete of Birth (Month, Dey, July 6,	1928 P	ennsylvania					
	pud *		Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location	n				10d. Inside City Limits					
	f sho	o	Maryland N/A Baltimore					1 □XYes 2 □ No					
	28e	Director		of. Zip Code		1	0g. Citizen of Who	et Country?					
	N with	al Di	1704 Heathfield Road		21239		U.S.A						
	ome deat	Funeral	11. Maritel Status 12. Wes Decedent Ever In U.S. 13. Was In Yes Armed Forces? If Yes	Decedent of Hispo	anic Orlgin? (Spec Mexican, Puerto R	etty Yes or No-		American Indian, White, etc.					
20	within 72 hours after death with the Maryland ene. than "natural", or items 23e or 28e-f show ha Medical Examiner must be incitited at	by Fu	1 Never Married 2 Merried 1 XYes 2 Norean 1 X	1/	Specify:	ioari, oto.,		White					
21215-0020	natural",			Lieual Occupatio	20		16b. Kind of Busir						
215	n na n na	Completed	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+)	of work done duri OT use retired)	on ing most of working	9	TOD. KING OF BUSH	less/modalry					
213	flied within Hygiene. other than ent, tr.	Com	Elementary/Secondary (0-12) 10th grade Checker	/Receivi	ng Room		Auto Pl	ant					
pu	be filed tal Hygie d other event, to	Be	17. Father's Name (First, Middle, Last) Charles Manik	1	B. Mother's Name		Aalden Sumeme)						
N/B	1 Menta	2				ope	1						
Maryland	1 and 2 should be Health and Mental em 27 is marked o other trsumstic eve				d Number or Rural d Road, 1			21239					
re,	other		20a. Method of Disposition 20b. Place of Disposition		a Roua, i		20c. Location - Cit						
E O	Pages nent of I int: If its iry or o'		1 M Burial 2 □ Cremation 3 □ Removal from Stata 4 □ Donation 5 □ Other (Specify) Dwlaney Value		.Gardens	8/16/9	6 Timoni	um. MD					
Baltimore,	permit. Pages Department of Important: If it any injury or o		21. Signature of Funeral Service Licensee 22. Nan	ne and Address o	of Facility								
m	50 E 2 9		11 1 Sent	muner ri	uneral Ho Rd., Ba	omes, 1 ltimore	nc. . MD 21	236					
0			23a. Part1. Entar the disease, or complications that caused the death. Do not entar the shock, or heart failure. List only one cause on each line.	mode of dying, a	auch as cardiac or	respiratory erro	est,	Approximete Interval Between					
	Physician / /Medical		Immediata Causa (Final		4			Onset and Deeth					
	Examiner		disease or condition a. SEVER E METI	4BULIC	c ACI	00519		1 HR					
		Jer	Dua to (or as a consequence b. FND STAGE	a ot):	1 701	CEAR	6	> 3 YRS					
	cate be executed physician and the burial-transit	Examiner	Sequentially list conditions, Due to (or as a consequence	3 6 7/3	t .	7 3 773							
90,	s exe	E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury c.										
68760,	physic the l	dicai	that initiated events resulting in death) Last Due to (or es e consequence	∋ of):									
Box (death certific e attending p od for use as	J/Me	d										
	death d for	Physician/M	Part II. Other eignificant conditions contributing to death but not resulting in the underly	ing cause given	in Part I	23h Did to	hacco use contri	bute to the cause of death?					
P.0	y th	hys			WIT GILLS.			□ Probably 4 12 Unknown					
Ś	8 68	þ	ACUTE PULMONARY EDE	MA									
Record	r requires been sign should be	Completed				24a. Was a parforr		24b. Wera autopsy findings available prior to complation of cause					
Rec	has has	mpi						of death?					
Vitai	lcian: The la certificate he rector, page		25. Wes case referred to medical			1 TY		1 ☐ Yes 202 No					
>	Physician: this certific ral director,	o Be	examiner? 1 Yes 2 No Hospitel: 1 Propatient 2 ER/Outpatient 3	Other	8. Placa of Death			(Specify)					
Jo L		T:U	27. Menner of Death 28a. Dete of Injury 28b. Time of	28c. Injury at Work?			w Injury occurred	oponiy					
Division	Attending or death.	Certification:	2 Accident Investigation M		s 2 No								
Ξ	or Attendest after desti Director: I in by the	TT.	3 ☐ Suicide 6 ☐ Could not be determined 28e. Plece of Injury - At home, farm, atreet, fabuilding, etc. (Specify)	actory, office	28	Bf. Location (St City or Town		or Rural Route Number,					
	pepital or hours after meral Dir ly filled in		29a. Certiflar 1D2 Certifying Physician: To the beat of my knowledga, daath occu	ured at the time	data and place, as	ad due to the or	uso(e) and mean	er er eteled					
	TZEZ	edicai	(Check only one) 2 Medical Examiner: On the best of my knowledge, death occur (Check only one)	ation, in my opini	ion, death occurred	d at the time, d	ate and place, and	I due to the cause(a)					
	Complete of the state of the st	Me	29b. Signature and title of certifier	29c. License nu			9d. Date algned (/						
	7		Mahutuibrahus MD RESIDENT	D 4	17861		AUGUST 1	2 1996					
	8		30. Name and addrass of parson who complated cause of death (Itam 23a) (Type, Print)		7		10.1	0.4.					
	IVIT	40	JOSEPH PONATENS MD GOOD SAMARITA 31. Date filed (Month, Day, Year) 32. Registrer's Signature	tov HOSP.	3601 6	och an	W BLV	BACTU 21239					
	Sta Registr	_	AUG 1 3 1996										

	_			С	ertificate of	Death		Reg. No.		
	Physici /Medic		1. Decedent's Neme (First, Middle, Last) BARUCH MEREN				2. Dete of Dea Month	Dey	seer 3 20 P	
1	Examir	ner	4a. Facility Neme (If not institution, give street and number) LEVINDALE			4b. City, Town, or Lo BALTIMORE	cation of Deeth		Death N/A	
	Funeral Director		5. Social Security Number 6. Sex 16-16-1689 Usuel Residence of Decedent	(in yrs. iest birthdi 87 Yrs	Months Devs		8. Dete of Birth (Month, Day OCT	y, Year) 31,1908	9. Birthplece (State or Foreign Country) RUSSIA	
	Maryland -I show	tor		10c. City, Town or BAI	Location JTIMORE				10d. inside City Limits 1 ☐ ¥ es 2 ☐ No	
	3a or 28a	Funeral Director	10e. Street and Number 2500 W. BELVEDERE AVE., APT	r. 616	10f. Zip Code	215		10g. Citizen of Wh		
020	s 1 and 2 should be filed within 72 hours after death with the Manyland f Heelth and Mental hygiene. If Heelth and Mental hygiene. Item 27 is marked other than "natural", or Hema 23a or 28a-f show other traumatic event, I'm Medical Examinet must be notified at	by Funera	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Wes Decedent Evarmed Forces? 1 Yes, Sive Yeer or Detes:	rer in U,S. 1	3. Wes Decedent of	Hispanic Origin? (Spe pan, Mexican, Puerto	ocify Yes or No- Rican, etc.)	14. Rece	American Indien, White, etc.	
21215-0020	filed within 72 hos Hygiene. other than "natura ent, tre Medical	Completed	15. Decedent's Education (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+)	(G	DO NOT use retire	during most of worki	ng	16b. Kind of Bus		
nd 2	e filed at Hygi other vent, t	Be Co	17. Father's Name (First, Middle, Last)		MATIKES	18. Mother's Neme	(First, Middle,			
Maryland	should be nd Mental marked o	70	UNKNOWN MEREN	1 40) 44	" Add (0)				UNKNOWN	
a ·	permit. Pages 1 and 2 sho Department of Heelth and Important: If Item 27 Is me any injury or other traum once.		19a. Informant's Neme/Reietlonship (Type, Print) MRS - AMELIA MEREN (WIFE) 20e. Method of Disposition 1 □ Buriai 2 □ Cremetion 3 □ Removel from State 4 □ Donation 5 □ Other (Specify)	2500 20b. Plece of Discemetery, of		ece)	APT. 6	616 BALTI 20c. Location - C	IMORE, MD 21215 ity or Town, Stete	
Baltir	permit. Pages Department of Important: If It any Injury or o		21. Signeture of Funeral Service Licensee	ARBINGI	22. Neme end Addr Sol		Bros.			
	Physician /Medical Examiner	ler	23e. Part. Enter the disease, or compileations that caused it shock or heart feilure. List only one cause on each line Immediate Cause (Final disease or condition resulting in death)		inal S		r respiretory en	rest,	Approximete Intervel Between Onset and Deeth	
Box 68760,	death certificate be executed attending physician and for use as the bunal-transit	n/Medical Examiner	if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	ue to (or es e cons						
	V W &	Physician/M	Pert ii. Other significant conditions contributing to death but	not resulting in the	e underlying cause gi	iven in Pert I.	23b. Did t	obacco use contr	libute to the cause of death?	
, P.O	as that the de igned by the be detached	by Phy					101	fee 2□No	B Probably Unknown	
Records,	aw requir 1s been s 2 should	Completed b					24e. Wes a	an eutopsy med?	24b. Were autopsy findings avellable prior to completion of cause of death?	
E .	The ate h		25. Wes case referred to medical				1□ Y	11 7	1 Yes 2 No	
of Vi	0.00	To Be	examiner? 1 Yes 2 Vo Hospitel: 1 hpatient	2 ER/Outpat	tient 3 DOA Ot	28. Plece of Death her: 4 ☐ Nursing Ho		ne) lence 6 □Other	(Specify)	
Division	r Attending fer death. rector: After by the fune	Certification:	27. Manner of Death 1 Naturei 2 Accident 3 Sulcide 4 Homloide 28. Dete of Injury (Month, Dey 1) 5 Pending investigation 6 Could not be determined 28e. Piece of Injury (Month, Dey 1) 28e. Piece of Injury (Month, Dey 1) 28e. Piece of Injury (Month, Dey 1)	- At home, ferm,	y Wo]Yes 2□No			or Rural Route Number,	
	To the Hospital of within 24 hours eff To the Funeral DI completely filled in	edicai C	29a. Certifler (Check only one) Certifying Physician: To the basis of ending one) Certifying Physician: To the basis of ending one)	xaminetion end/or	eth occurred et the ti investigation, in my	ime, dete end piece, opinion, deeth occurre	and due to the d ad et the time, d	ceuse(s) end mend date end plece, an	ner es steted. d due to the ceuse(s)	
	To the To the comp	M	29b. Signeture and title of certifier		29c. Licen				(Month, Day, Year)	
,	5		30. Name and address of person who completed cause of dea	th (Item 23a) (Typ	pe, Print)	11 7	/A	ryust	12,1976 12,1976	
		te	31. Dete filed (Month, Dey, Year) & Pegistren	IL NO	2434	W. pelu	redera	elque.	STIS A CIST	



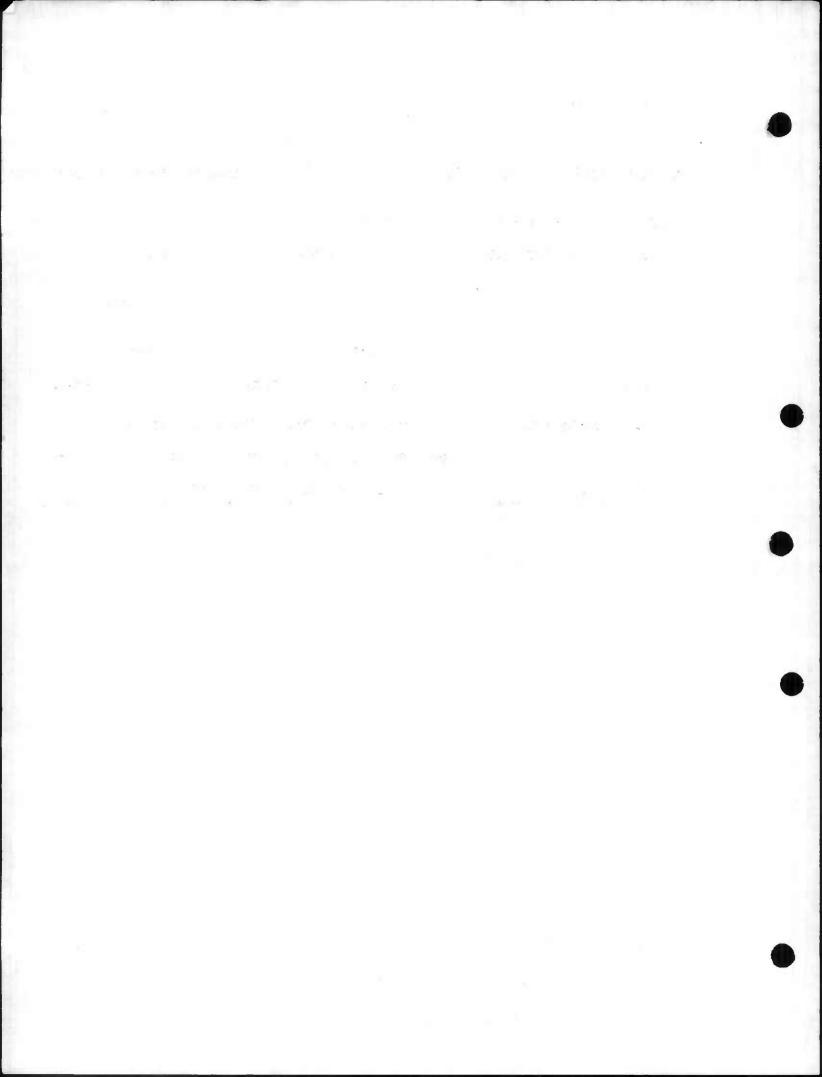
State of Maryland / Department of Health and Mental Hygiene 23876 Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Data of Death 3. Time of Death Yaar **Physician** RUTH MIRSKY 1996 12:40 PM AUGUST /Medical 4a. Facility Nama (Il not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE If Undar 1 Year Months Days If Under 24 Hrs. Hours Min. 8. Date of Birth Month, Day Year 1908 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country)
PENNSYLVANIA **Funeral** 1□ M 2₩ F 218-09-4095 88 Director Usual Residence of Decedent with the Marylend 10e State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits notified at 1 ☐ Yes 2 → No Director MD BALTIMORE BALTIMORE 10f. Zip Code 10e. Street and Number 10g. Citizen of What Country? 5 the Medical Examiner nust be 7 SLADE AVE., APT. 715 238 21208 USA Peges 1 end 2 should be filed within 72 hours efter death in and Health and Mentel Hygiene. Int: If Item 27 Is marked other than "natural", or Items 23. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ñ No If Yes, Give Yaar or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc 1 Never Married 2 Married Maryland 21215-0020 1□ Yes 2 No Specify: WHITE þ 3X Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Maiden Sumama) HARRY BERMAN ETHEL BOREMAN 2 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Straat and Number or Rural Routa Number, City or Town, Steta, Zip Code) HOWARD MIRSKY (SON) 29 LIGHTTOWN CT. BALTO., MD 21208 Baltimore, other 20b. Place of Disposition (Nema of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date permit. Peges Department of Important: If it any Injury or of 1 XBurial 2 ☐ Cremation 3 ☐ Removal from State BETH EL MEM. PARK 8/11/96 RANDALLSTOWN, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Sarvice Licansea 22. Nama and Address of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 no 23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or healt failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disaasa or condition resulting in death) /Medical · ACUTE INFERIOR MYOCARDIAL INFARCTION MAGI Examiner Due to (or as a consequence of): Examiner DISEASE CORONARY ARTER physician and s the buriel-transit The law requires that the death certificets be executed Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Due to (or as a consequance of): esn signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contribute to the cause of death? 1 Yee 2 No 3 Probably 4 N Unknown DIABETES Division of Vital Records, à 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? O EMENTIA certificata has b 1 Yas 2 M No 1 ☐ Yas 2 ☐ No or Attending Physician: 80 25. Was case referred to medical examiner? 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yas 2N No 1 ☑ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this 28e. Dete of Injury (Month, Day Year) funeral 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Invastigetion 1 Natural death. 1 Yes 2 No 2 Accidant after death Director: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida • Funeral Hospital To the Hospi within 24 hou To the Funer completely fil Medical 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) end manner as stated. (Check only one) 2 Medicat Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 43462 S.RAO.M.D AUGUST 9 1996 CENTER, RAHOALLSTOWN 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) K.S.RAO, MIO. NORTHWEST HOSPITAL 31. Date filed (Month, Day, Year) 32. Registrar's Signature State

DHMH 16 Rev 6/95

Registrar

AUG 1 3 1996

Son-Randelle



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death **Physician** Willie Mae Moses 10:00 AM 96 8 8 /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 22 S. Greene St. Baltimore University of Manyland Baltimore 7. Age (In yrs. last birthdey) | If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) | Months | Deys | Hours | Min. | MAY 14,1915 5. Sociel Security Number 6. Sex Birthplece (State or Foreign Country) **Funeral** 1 □ M 2 🛣 F NC. 214-24-9099 Director Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show must be notified at MD N/A Director BALTIMORE 1 ¥ Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6 2806 E. CHASE STREET 21213 USA 23a death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 至 No If Yes, Give Yeer or Detes: Hems ? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 72 hours after 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 6 1 ☐ Yes X No Specify: Specify: à Widowed 4 □ Divorced BLACK natural'. Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry ified within 7 Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed wit Department of Health and Mental Hygiene Important: If item 27 is merked other tha any injury or other traumatic event, that, once. FURNITURE CO. SWITCHBOARD OPERATOR 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Father's Neme (First, Middle, Last) Be JOSEPH HICE SADIE O'NEAL 19e. informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) DAISY SPENCE (DAUGHTER) 2806 E. CHASE STREET BALTIMORE, MD 21213 20b. Piece of Disposition (Name of cometery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burlel 2 □ Cremetion 3 □ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) BALTIMORE CEM 8/13/96 BALTIMORE, MD. 21. Signature of Funeral Service Licen 22. Name and Address of Fecility CAPLE FUNERAL SERVICE 5502 WINNER AVENUE BALTIMORE, MD 21215 plications thet caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, one cause on each line. Enter the disease, or con Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Finel Preumonia disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner iongestive Heart Failure physician and the burial-transit certificate be axecuted Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Box 68760, Tract Infection Urinary Physician/Medical Due to (or es e consequence of) 88 for use as Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. P.O. ed by the a 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed b Diabetes Mellitis Records, þ The law requires 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed peed Hypertusion page 2 s 1 Yes 2 No 1 Yes 2 No certificate Division of Vital Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After or Attending 1 Naturei 5 Pending Investigation 24 hours after death. Funeral Director: Aft elect filled in by the fur 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29e. Certifier 15 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner as stated.
2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end menner stated. Medical (Check only AA. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) hadipan, mo 8651 96

State Registrar 31. Dete filed (Month, Dey, Yeer)

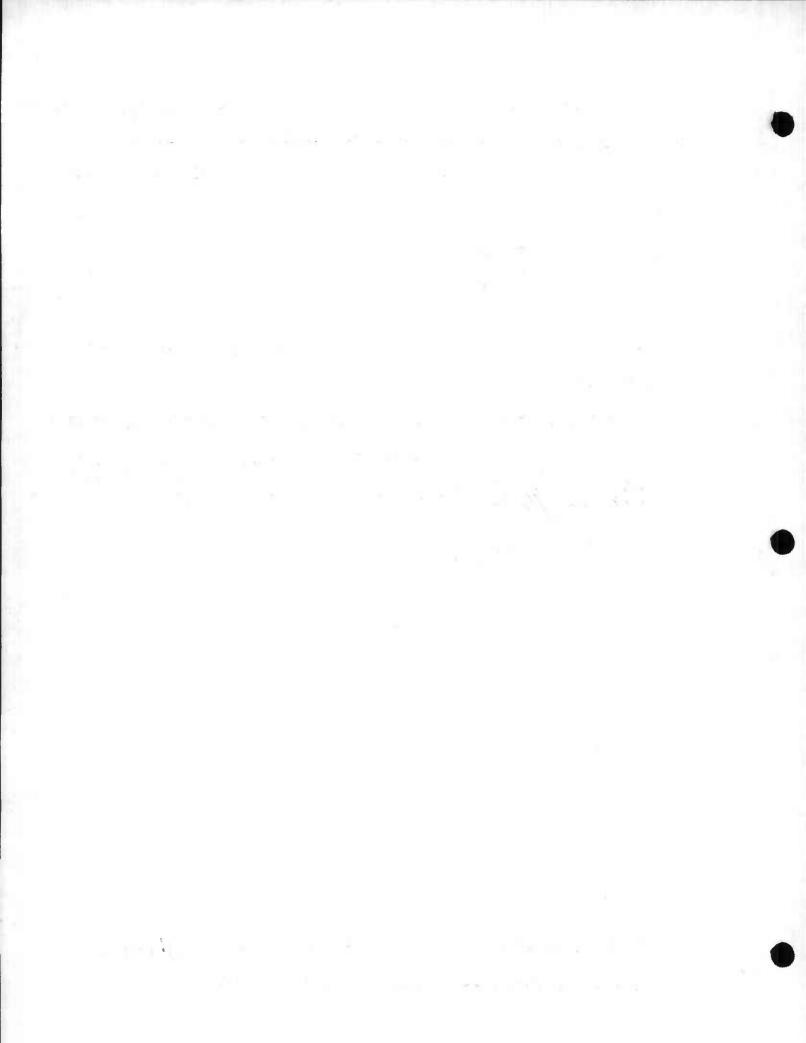
AUG 1 3 1996

Nadine Acri, MD



umms 22 5. Greene St. Bultimore, MD

30. Name and address of person who completed cause of deeth (item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene 96

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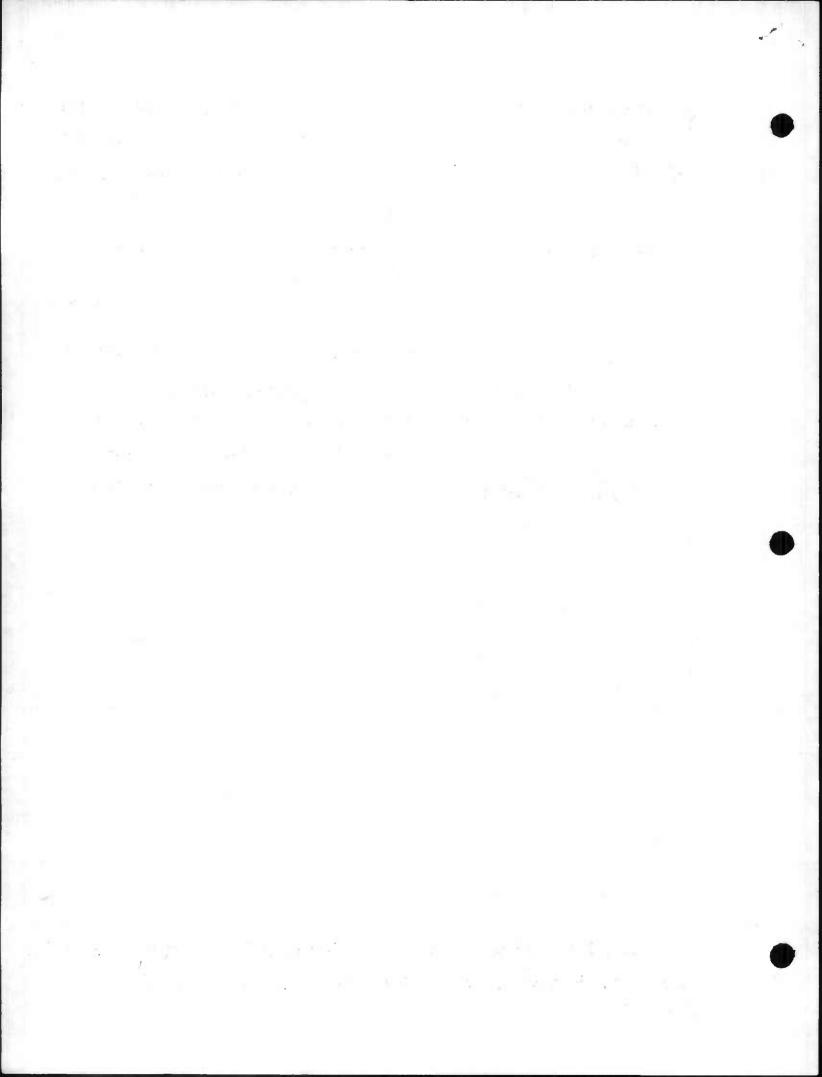
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	h the Marylan r 28a-f ahow motified at	8	10e. Street and Number	7.1	10f. Zip Coda			10g. Citizan of 1	What Coun	trv?
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	er de	5	11. Marital Status	Armed Forces?	I,S. 13. Was Decedant of If Yas, specify Cu	ban, Maxican, Puarto	Rican, atc.)	Bla	a - Amaric ck, Whita,	
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re	of Hee		20a. Mathod of Disposition	20b. F	Place of Disposition (Nama of cematary, cramatory or other pl	(non)	Data	20c. Location	City or To	wn, Stata
altimore	Pages nent of nrt: If Its iry or o		1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special	JRamoval from Stata	Me Lon	1	8/10/96	Paternes!	1/2	MA
Ξ			21. Signature of Funaraj Service Lice		22. Nama and Add	race of English	3/10/10	CUTOTISVI	11-1	,,,,
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Division	P G	Certification:	4 Homicida	building, atc. (Special	(y)		City or Tov	vn, Stata)		
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17	F. F. F. F. F. F. F. F. F. F. F. F. F. F	edicai		mtner: On the basis of axamine	ition and/or invastigation, in my	opinion, death occur	red at tha tima,	data and place,	and dua to	the cause(s)
_	within thous first or within thous. To the Funeral Director: completely filled in by the	Mec	29b. Signatura and titla of certifiar	and mannar stated.	20c Lines	nsa number		29d. Data signe	d (Month	Day Yearl
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State of Maryland / Department of Health and Mental Hygiene 96 23879

24b. Were autopsy findings aveilable prior to completion of cause of death? 1 Yes 2 No 25. Wes case referred to fiedlical examinary of Death 1 Yes 2 No 27. Wanner of Death 1 Yes 2 No 28. Place of Death 1 Yes 2 No 27. Wanner of Death 1 Yes 2 No 28. Place of Death 1 Yes 2 No 27. Wanner of Death 1 Yes 2 No 28. Place of Death 1 Yes 2 No 28. Place of Death 1 Yes 2 No 29. Certifier 20. Cooldant 28. Place of Death 1 Yes 2 No 28. Place of Death 1 Yes 2 No 29. Certifier 29. Certifier 29. Certifier 29. Certifier 29. Certifier 29. Manuer of Rural Route Number, one) 29. Signature and title of certifier 29. License number 29d. Date signed (Month, Day, Year) 290. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 290. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 290. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 290. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 290. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 290. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 291. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 291. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 292. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 294. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 295. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 296. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 296. Signature and title of certifier						(Certificat	e of	Death			Reg. No.	20	20013	
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Examiner	4e. Fecliity Neme (If not Institution, g.	ive street and number)		4b. City, Town, or Loc	The second second	unty of Death
	2039 PAYK	HUENVE		11111	OLE	NA
Funeral	5. Sociel Security Number 6.	Sex 7. Age (In yrs.	Months Devs	If Under 24 Hrs. Hours Min.	8. Dete of Birth 13 g (Month, Day, Year)	Birthplece (Stete or Foreign Country)
Director	212-14-0892	36	Yrs.		Ept. +9-195	9 Virginia
3	Usuel Residence of Decedent 10a. Stete 10b. County	10c Cit	ty, Town or Location		,	10d Jeside City I inite
od and	Marchan	1/4	BALTIMORE			10d. Inside City Limits
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from 23a or 28a-f show from must be notified at Funeral Director	10e. Street and Number	Phi- we	10f. Zip Code	17/7	10g, Citizen	of What Country?
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office	20e. Method of Disposition	20b. F	Piece of Disposition (Neme of	aciores ou	Date 20c. Locati	on - City or Town, Stete
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는 C		28a. Dete of Injury (Month, Dey Year)	28b. Time of 28c. Injury World	y et 28	3d. Describe how injury of	ccurred
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Examir	ner	4a. Facility Nama (If not institution	n, giva straat and nu	mbar)					4b. City, Town, or L	ocation of Death	4c. County	of Death	
		HOPKINS BAY	VIEW ER					E	BALTIMOR	RE	/	VA	
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A th	- F	10e. Straat and Numbar					10f. Zip C	oda			10g. Citizan of	What Cour	ntry?
3a c	0 16	8194 Gray Have	n Road						212	22	United	Stat	es
2 should be filed within 72 hours after death with the Maryland end Mental Hygiena. Is marked other than "natural", or items 23a or 28a-f ahow raumatic event, the Medical Examinet must be notified at	Funeral Director	11. Marital Status 1 X Navar Marriad 2 Marriad	12. Was Dace Armed Fo		U,S.	13. Was Decedant of Hispanic Origin? (Specify Yas or No- If Yas, specify Cuban, Mexican, Puerto Rican, atc.)							can Indian,
Ir. or	by	3 ☐ Widowed 4 ☐ Divorced	If Vas Gi	/a		1[☐Yas 2[No	Specify:	Specify: Whi		White	
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permit. Pages 1 end 2 should be filed within 72 hours Department of health end Mental Hygiena. Important: if item 27 is merked other than "natural", any injury or other traumatic event, its Mexical Examples.		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (S		Stata	cematary	, crama	tion (Nama tory or othe Cemet	arplac	(8/14/19	Data 96	Parkua		own, Stata Maryland
permit. Departri Importa any Inju		21. Signatura of Funaral Sarvica	10			22. N	Nama and	Addra	ss of Facility	Hama ak	Dundal Marular	2k, I	nc. 1222
		23a. Part1. Enter the disease, or shock, or heart failure. List	complications that conly one cause on a	aused tha das ach lina.	ath. Do no	ot entar	tha moda o	of dyln	g, such as cardiac	or raspiretory er	rast,		Approximete Interval Between Onsat and Death
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death c	Physician/M	Part II. Other significant condition	ne contribution to de	eth hut not	eultina la 1	llana pament	orbing or	na ch	on in Part I	935 DI	ohnoon was	ndelby do do	the enues of death 2
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the date										101	res 2 No	3 ☐ Pro	bably 42 Unknown
din bid bid	d by									24a Wee	an autopsy	24h W	are autopsy findings
w raq beer shou	leted										mad?	av	ailabla prior to mplation of causa

Baltimore, Maryland 21215-0020

To the Hospital or Attending Physician: The termination and the death certificate be associted within 24 hours effer death.

To the Funeral Director: After this certificate has been altered by the ettending physician and completely filled in by the funeral director, page 2 should be detected for use as the bunal-transit D. Box 68760, Division of Vital Records, P.

Medical Certification: To Be Comp

1 Vas

26. Place of Deeth (Chack only ona) ☐Othar (Specify)

1 Yes 2 No

25. Was case rafarrad to medical			26. Place of Dee	eth (Chack only ona)
axeminar? }C Kyas 2□ No	Hospital: 1 ☐ Inpatiant 25	ER/Outpetient 3 Do	DA Other: 4 Nursing H	Ioma 5 Rasidance 6
27. Menner of Death 1 ☐ Natural 5 ☐ Panding	28a. Data of Injury (Month, Day Yaar)	28b. Tima of Injury	28c. Injury at Work?	28d. Dascribe how Injury

2 Accident
3 Suicida

29b. Signature and titla of certifiar

4 Homicide

Invastigation 6 Could not be detarmined 28a. Piaca of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

occurrad

29a. Cartifiar

1 Certifying Physician: To the best of my knowledga, daath occurred at tha time, date end place, and dua to the cause(s) and mannar as steted.

Wedical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) and mannar stated.

29c. Licansa number

OCME

29d. Data signed (Month, Day, Year) AUGUST 10,1996

who completed causa of death (Itam 23a) (Type, Print)

who completed causa of death (Itam 23a) (Type, Print)

enn Street, Baltimore, Maryland 21201

32. Registrars Signature

31. Data filed (Manth Gay, Year) AUG 13 1996, State Registrar

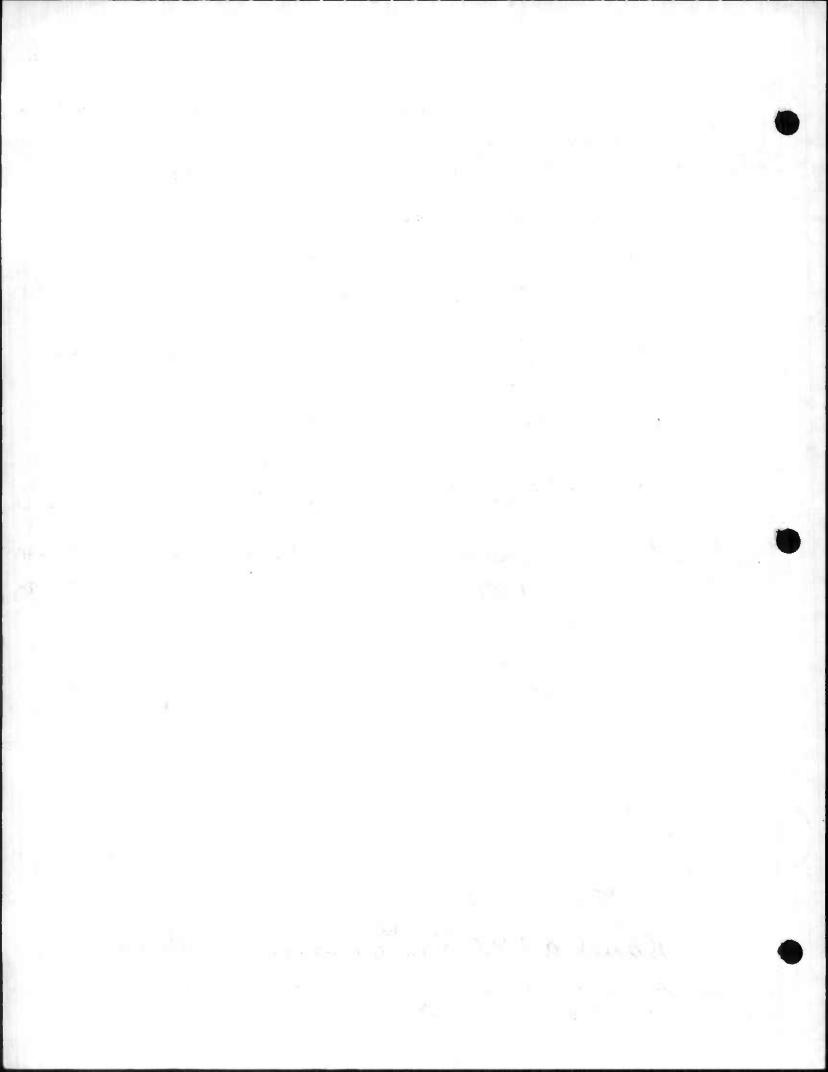
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

State of Maryland / Department of Health and Mental Hygiene

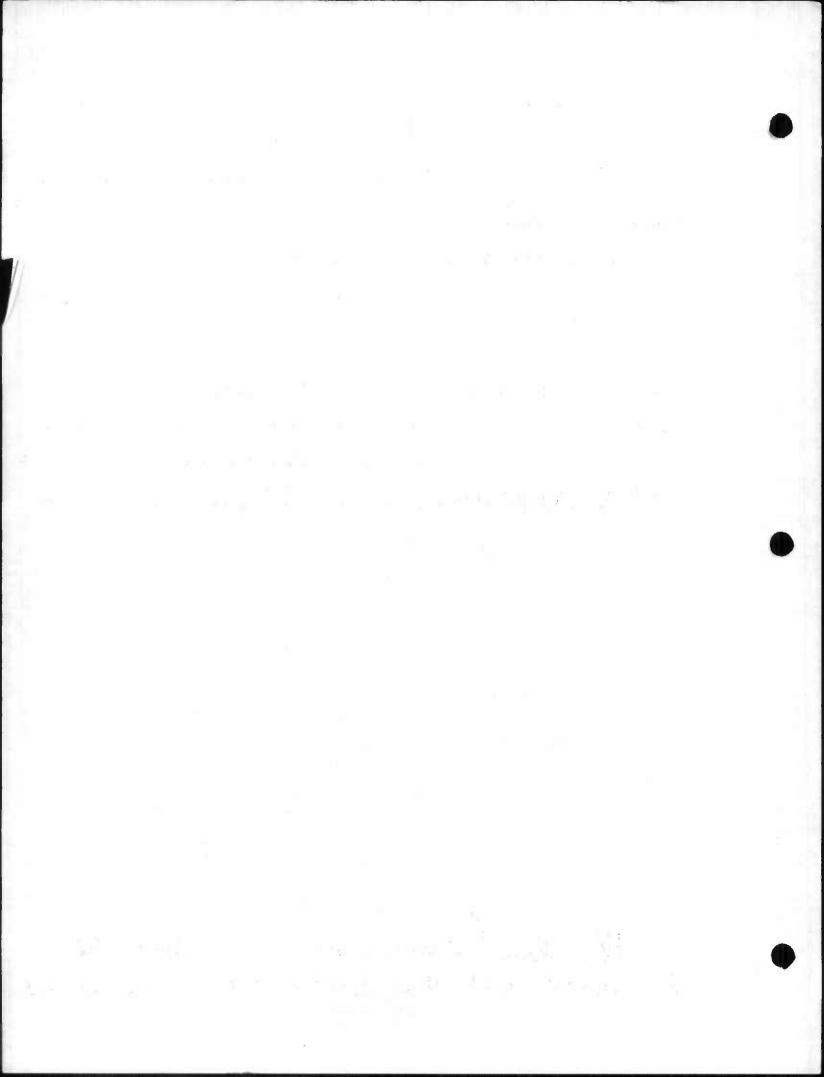
Certificate of Death

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٦	Exami		4e. Fecility Name (h			num <i>ber)</i>							ocation of Dee	th 4c. Count	y of Deeth	dol
	Funeral Director		5. Sociel Sacurity N 218-42-1	858	6. Sex 1 M 2 □ F		(In yrs. lest birti	hdey) (rs.	if Under Months	1 Yaar Deys	if Under Hours	sade: 24 Hrs. Min.	8. Date of Bi (Month, D			piece (Stete or Foreign otry) yland
	pud *		Usuel Residence of 10a. Stata	10b. County			10c. City, Town	orloc	eation							10d. Inside City Limits
	death with the Maryland rms 23a or 28a-f show crower be notified at	ctor	Maryland		Arundel				dena							1 ☐ Yes 2 M No
	th 128	Directo	10e. Street and Nur	nber					10f. Zip	Code				10g. Citizan of	Whet Cour	ntry?
	th wi	ai	3 Maple	Avenue	е					23	1122			U.S	.A.	
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B	deat e ett	sicie	Part ii. Other signifi	cant conditio	ns contributing to	death but	not resulting in	the un	derlvina ca	ause div	en in Pert		23b. Did	tobacco use co	ntribute to	the cause of death?
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Divis	or Atter afterdes Director 3 in by th	Certification:	2 Accident 3 Suicide 4 Homicide Investigation Could not be determined At home, ferm, street, factory, office building, etc. (Specify)								28f. Location (Street end Number or Rural Route Number, City or Town, Stete)					
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	31		30. Neme end addre	ss of person v	vho completed cau	use of dee	th (Item 234)	ype, P	rint)	- 7				1	1	V 1972
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	Sta Registi	_	31. Dete filed (Month	3 1996	1	Registrar's	s Signetur	400)					,		
				J 1000		•										



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 1:45 pm AUGUST 09 1996 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** AllEGIS Home Baltimore Baltimore NURSING if Under 1 Year Months Devs 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Hours Deys Min 219-40-5073 1 M 2 F APRIL 09, 1945 MARYLAND Director Usual Residence of Decedent death with the Maryland 10e. State 10c. City, Town or Location Hem 27 is marked other than "natural", or hems 23a or 28a-f show other traumatic event, the Madical Examinating the notified at 10d. inside City Limits 1. Yas 2 □ No Director BALTIMORE ARYLAND PALTIMORE 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 21204 USF HICHWAY 362 JUASKI Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours effer Hygiene. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No by Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. nt: If Item 27 Is marked other than Elementary/Secondary (0-12) College (1-4or 5+) PRIVATE HOME 8TH GRADE DOMESTIC 17. Father's Neme (First, Middle, Last) 18. Mother'a Name (First, Middle, Maiden Surname) Be FLORENCE MURPHY 2 HOMAS DHALEN 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) DUANE Avenue, BAltimore, MI) ESlie 21225 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State permit. Pages Department of Important: If It any injury or o 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State 18-14-96 LANSdownE, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) MT. ZION CEMETERY of Flaneral Service Licensee 22. Name and Address of Facility
305EPH H. BROWN JR. FUNERAL HOME 2140 N. FULTON AVENUE, BALTIMORE, MD 21817 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final 20 Marths disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner attending physician end for use as the bungl-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es a consequenca of): signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Nos 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Was en autopsy performed? Completed peen has paga 2 1 Yes 2 No this certificata 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case referred to medical Be 28. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury at Work? Affer 5 Pending 1 Matural 1 □ Yes 2 □ No deeth. 2 Accident Investigation Director: 6 Could not be determined 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) in by 4 Homicide 24 hours af Funeral DI stely filled in Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner as stated. edical 29a. Certifier 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner a 29b. Signature and titte of certifier 29c. License number 29d. Dete aigned (Month, Day, Year) 0 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) U7 AW ST # 305 BALTIMURE MD21201 821 KRISHNAN 31. Date filed (Month, Day, Year) AUG 13 1996 32 Registrar's Storature State



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State of Maryland / Department of Health and Mental Hygiene

			Decedent's Name (First, Middle, Last)			rtificate of	Death	2. Dete of Deet	ng. No.		3. Time of Death
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	Funeral		5. Sociel Security Number 6. Sex	7. Age (In yrs.	last birthdey)	If Under 1 Yeer		8. Dete of Birth (Month, Day,	Vosel	9. Birthple	ece (State or Foreign
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	Mend Mend		10a. Stete 10b. County	10c. Cit	ty, Town or Lo	cation				10	d. Inside City Limits
	Many Find sh	ţ	MD BALTI	MORE		BALTI	IMORE				1 ☐ Yes 2X No
	r 284	Director	10e. Street end Number			10f. Zip Code		10	Og. Citizen of	What Count	ry?
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	eep	Funeral	11. Maritel Stetus 12. Wes	s Decedent Ever in U	S. 13.	Wes Decedent of I	Hispenic Origin? (Sp een, Mexican, Puerto	ecify Yes or No-	14. Re	ca - America	
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32. Registrer's Signeture

Registrar

AUG 1 3 1996

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23885

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2 *-		Usual Rasidanca ot Dacedant 10a. Stata 10b. County	10c.	City, Town	or Location				10	Od. Inside City Limits	
th the Maryland or 28s-f show e notified at	10	Maryland Anne Ar		Linth					4c. County of Death Ac. County of Death BALTHORE City (ear) 9. Birthpiece (State or Foreign Maryland 10d. Inside City Limits 1 Yes 2 No 9. Citizen of What Country? U.S. 14. Race - American Indien, Bieck, White, etc. Specify: White Sb. Kind of Business/Industry State of Maryland aiden Sumame) Emore City or Town, Stata, Zip Code) 10. Maryland 21090 10. Location - City or Town, Stata Baltimore, Maryland Inneral Home P.A. Innore, Md. 21225 St. Approximata tritarval Between Onset end Deeth City or Town Stata Approximata tritarval Between Onset end Deeth City or Town Stata Onset e		
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23a or		214 Sycamore Roa	ad			090				ry r	
Marytafing Z1Z13-UUZU d 2 should be filed within 72 hours after death with the Maryter th and Mental Hygiens. The merked other than "naturel", or items 33e or 28e-f show traumetic event, the Medical Examiner must be notified at	by Funeral	11. Maritel Stetus 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Wes Decedent Ever In Armed Forces? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Dates:	U,S.	13. Wes Dacedant of If Yes, specify C	uben, Mexicen, Pu	(Specify Yes or Nerto Ricen, etc.)	Bie	ck, White,	etc.	
72 hour natural	l e	15. Decedent's E		16a.	Decedant's Usual Oc	cupation	vorkina	16b. Kind of Business/Industry		ustry	
within one.	Completed	(Specify only highast gra Elementary/Secondary (0-12)	Cottege (1-4or 5+)		(Giva kind of work dona during most of working lifa. DO NOT usa ratired)						
N post	5	12th			Secretary			State	of Ma	ryland	
be filed tal Hygi d other	Be	17. Fathar's Nama (First, Middla, Last,)			18. Mothar's N	lama (First, Middle	a, Maidan Suman	ne)		
Ment the character of t	10		John Foppia	no			Rose Mo	ntemore			
of sum	1	19a. Intormant's Name/Ralationship (Type, Print)	19b.	Mailing Addrass (Str	eet and Number or	Rural Routa Number, City or Town, Stata, Zip Code)				
		Patricia Ellis		2	14 Sycamor	e Road	Linthic	um, Mary	yland	21090	
Freah Hem 2 other		20a. Mathod of Disposition		. Place of	Disposition (Nama of	ole ce)	Data	20c. Location	City or To	wn, Ststa	
Pages nent of innert of innert if the		1 Buriel 2 Cramation 3 4 Donation 5 Other (Specif			Crematory	_	8/13/96	Baltin	nore,	Maryland	
cernit. Pages t as moortant. Pages t as moortant: if them: iny injury or other moortant.		21. Signature of Funarai Sarvice Licer		1	22. Nama end Ad					-	
D Koles	1	Comman M.	2 minsu	hi	4001 Rite	chie High	way Bal	timore,	Md.	21225	
BOX 00/00, eath certificate be executed attending physician and for use as the buriel-transit	edical Examiner	Sequentially list conditions, if eny, laading to immediate causa. Enter Underlying Causa (Diseasa or Injury that initiated events	bDua to	o (or as a c	consequence ot):						
OX OO OX OO or certification anding phy use as the	₹	rasulting In daeth) Last	d	(0, 000 0	onsoquanos or,						
death death of for a	Cla	Date Of the Automatical States					1 001 011			4""	
d by th	Physician	Part II. Other afgnificant conditions of	ontributing to death but not r	resulting in	tha underlying ceusa	givan in Part I.		/			
aw requires s been sign	Completed by							s en eutopsy ormed?	ava	allable prior to replation of causa	
	O						1□	Yas 212No	10	Yas 20 No	
vician: The	Be	25. Was case ratarred to medical				28. Placa of D	Death (Check only	ona)			
	0	axaminar? 1 ☐ Yas 2 ☐ No	Hospital: No Inpatiant 2	□ ER/Out	tpatient 3 DOA	Other			ar (Specifi	0	
After fune	tlon: T	27. Manner ot Death Natural 5 Panding 2 Accidant investigation	28a. Data of Injury (Month, Day Year)	28b. T	ima ot 28c. Injury	njury at Vork? □ Yas 2 □ No		how injury occur			
	Certification:	3 ☐ Sulcida 6 ☐ Could not b datarmined		t homa, ta	rm, street, tactory, office	C O	28t. Location City or To	(Street and Numb own, Stata)	ber or Rura	l Routa Number,	
To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the	edical C	29a. Certifiar 12 Certifying Ph (Check only 2 Medical Exar	nysfcian: To the best of my k miner: On the basis of axami and mannar stated.	nowledga ination and	, daath occurred at the For Invastigation, in m	i tima, data and pla y opinion, daath oo	ica, and dua to the courred at the time	causa(s) and man, data and place,	annar as st and dua lo	ated. tha cause(s)	
o the	Me	29b. Signeture and title of certifier	-A		29c. Lice		29d. Date signe	d (Month,	Day, Year)		
- > - 0		MARY JUDEUM	VE MINGUTT	M	. D. AS2	441614 BOR HOS	22	AUGUST	- 11	1996	
0		30. Nama and addrass of person who	complated causa of death (I	tam 23a) (Type, Print) HAR	BOR HOS	PMAL	CENTER	- 17	E.402122	
1		MARY JUDELINE 31. Data tiled (Month, Day, Year)	MINGUITO	M.D	, 20018	OUTH HAM	vover sir	EET BAU	THOR	E 405155	

Registrar

AUG 13 1996

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

23886

				Cel	rtificate of	Death	R	eg. No.		
	dical		garet Ele	anor	Pulfre	4	2. Dete of Dea Month August	Dey 11, 1	Yaer 996	Time of Deeth 10:00pm
Exam	_	4a. Facility Name (If not institution, give s 719 Maiden Choi 5. Social Sacurity Numbar 6. Sex	ce Lane B	R325	If Under 1 Yaa	4b. City, Town, or Catons	ville		Baltim	
Funer Directo		322-07-9135	M 20 F 83		Months Deys			, 1913	Illin	e (Stete or Foreign
e Maryland Be-f show	ctor	10a. Stete 10b. County Maryland Baltim		ity, Town or Lo	Catons	ville				fnside City Limits 1 ☐ Yes 2 ☒ No
with the or 2	Pie e	10e. Street end Number 719 Maiden Choi	co I ano P	R325	10f. Zip Coda	21220	1	0g. Citizan of V		
and 21215-0020 be filed within 72 hours after death with the Maryland tall Hyglene. dother than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral Director		2. Was Decedent Evar in I Armed Forces? 1 Yes 2 No If Yas, Give	J,S. 13. \	Was Decedent of f Yas, specify Cul	21228 Hispenic Origin? (Steen, Mexicen, Puerland Specify:	Specify Yas or No- to Ricen, etc.)		USA e - American I k, White, etc.	Indian,
Maryland 21215-0020 nd 2 should be filed within 72 hours aff th and Mental Hyglene. It is marked other than "natural", or traumatic event, the Medical Exert	Completed t	15. Decedent's Educ (Specify only highast grada Eiamentary/Sacondery (0-12)	Yeer or Detes: ation completed) College (1-4or 5+)	(Give		petion e during most of wo ed)	rking	16b. Kind of Bu		
aryland 21 should be filed w and Mental Hygler marked other ti tumatic event, the	To Be Cor	17. Fathar's Nema (First, Middle, Last) James Peter	Harrold	Hous	sewife	18. Mother's Ne	me (First, Middle, i	Meiden Surnem	Home_	- 37
Aarylar 2 should be and Mental is merked reumatic ev	-	19e. Informent's Neme/Reletionship (Typ	e, Print)	19b. Meilir	ng Addrass (Stree	et and Number or Ri			Stete, Zip Co	de)
Itimore, it. Pages 1 ar rment of Hea rent: If Nem 3	poce.	Charles Walker 20a. Method of Disposition 1 Burial 2 (Xcremetion 3 Re 4 Donetion 5 Other (Spacify) 21. Signature of Funeral Service License	emoval from Stata Met	ro Cremonald 22	nation (Neme of matory or other pla matory, Neme end Addr Cremati	Inc. 08/	Dete 12/96 ety of	20c. Location - Balt Maryla	imore nd. I	, MD
Certificate be executed Certificate be executed by executed Certificate be executed by ex	Examiner	23a. Pent1. Enter the disease, or complic shock, or heert fellure. List only one limmediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that milieted events	Metast		Lung		COV	ast,	Int	pproximata enval Between nset and Death
	ian/Medical	thet initiated events resulting in deeth) Last	Due to (or es a conseq	uanca of):					
hat the de detached	Physician	Pert II. Other signiffcant conditions cont	ributing to death but not re	sulting in the ur	nderlying cause g	iven in Pert f.			N. 1	e cause of death?
I RECOIDS, P.O. BY The law requires that the death ate has been signed by the atte page 2 should be detached for	þ						24a. Wes a	ea 2□No		4 Unknown autopsy findings
VITAI RECONDS, (clen: The law requires the certificate has been signed to the coor, page 2 should be or	Completed						1 D Y		compl of dea	etion of causa
VITAL ME (clan: The la pertificate ha	BeC	25. Was case referred to medical examiner?				26. Piece of De	ath (Check only or			20110
	en:To	1 Yas 2 No HG 27. Mapner of Deeth 1 Neturel 5 Pending	ospitel: 1 ☐ Inpatient 2 ☐ 28a. Data of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inju	ury et ork?	lome 5 X Reside			
DIVISION OF all or Adapting Phy a Director Smarthi of Inty the Liberia	Certifican	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. Piaca of fnjury - At h building, etc. (Speci	nome, ferm, str		Yes 2 No	28f. Location (S City or Town		er or Rural Ro	oute Number,
To the Hospital within 24 hours To the Funeral completely filled	edical	29e. Certifier 1	cfan: To the best of my known: On the basis of examinend menner stated.	owledge, death etion end/or inv	occurred et tha t restigation, in my	ime, deta and piece opinion, deeth occu	a, and due to the curred at the tima, d	euse(s) end ma ete and piece,	nner as state and due to the	d. ceuse(s)
To the within 2 To the comple	2	29b. Signeture and titla of certifier	1. Zelon	ul)	40 D	3876	2	-	st 12	, 1996
			Mc Cormack	MD	5411	old Fred	lerick Ro	1. Balt	inore,	Md. 21229
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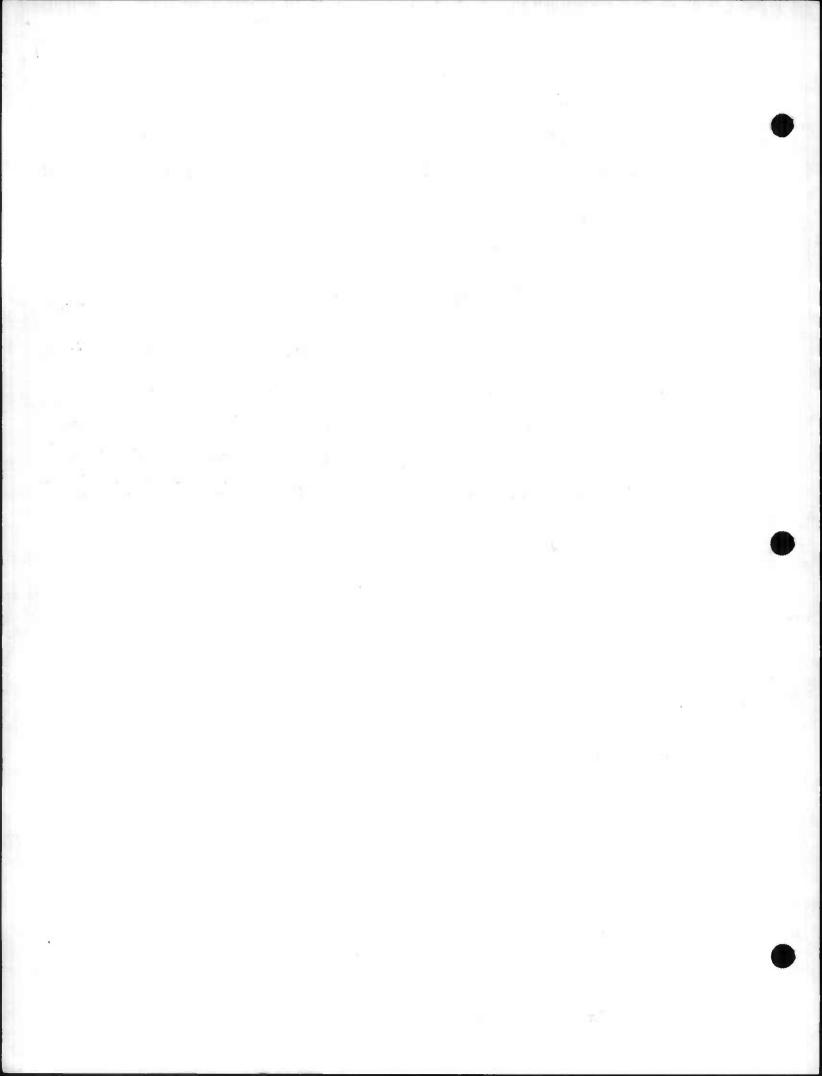


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent'a Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 105 pm indell August Sordon 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Good SAMALITAN Balto. Hosp. If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 6. Sax 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** 10 M 20 F 220-34-7037 Months 53 Yrs. Director MARYLand Usual Residence of Decedent 10a. Stata 10b County 10c. City. Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f ahow traumstic event, the Modical Examinar must be notified at Anne Arvaddal Annapolis 1 Tas 2 No MARYLAND Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Ave 21403 Conasset USA deeth 14. Race - Amarican Indian, Bleck, White, atc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status pemit. Pages 1 and 2 should be filed within 72 hours after c Department of Health end Mental Hygiena. Important: If item 27 is marked other than "natural", or iten any injury or other traumatic event, the Medical Examina. 1 Naver Married 2 Married Saltimore, Maryland 21215-0020 1 Yes 2 1 No Specify: Specify: BLACK p 3 ☐ Widowed 4 ☑ Divorced 16a. Decedent's Usual Occupation
(Give kind of work done during most of working
life. DO NOT use retired) 16b. Kind of Bualness/Industry 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) Aide naval Academy Kitchen 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Pounter JEREMIAh anna 19a. Informant's Name/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 21401 Annapolis, md. Colbert 3518 Cohasset Ave. Velma 20b. Placa of Disposition (Nema of cemetery, cramatory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition Date 1 Burial 2 Cremation 3 Ramoval from Stata 9/96 Annapolis, Md. Annapolis Memorial 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Sarvice Licensea 22. Nama and Addrass of Facility 1922 Forest DR House of Hiells Chartes HICKS Annapolis md. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart feilure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical Immediete Cause (Final . Sepsis, Bacteria 30 minutes disease or condition resulting in death) Examiner ettending physician and for use as the buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Records, P.O. Box 68760 Physician/Medicai Dua to (or es a consequenca of): signed by the et id be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Left cerebral vascular accident, 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was en autopsy performed? Hypertension, Gastrostomy tube, ulcers 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Attending Physician: 25. Was case referred to medical examiner? 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA this 27. Manner of Deeth 28e. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: After 5 Pending investigation 1 Matural death. To the Hospital or Attendit within 24 hours after death. To the Funeral Director: All completely filled in by the fu 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be determined 3 Sulcide 28f. Location (Straat and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medicai 29b. Signature and titla of certifian 29c. Licensa number 29d. Data signed (Month, Day, Year) Yen D32548 N, GREENE 30 Name and address of person who completed cause of death (Item 23a) (Type, Print), A Medical Center, FERRY L. COLVIN, MD, Baltimore VA Medical Center, 10 31. Date filed (Month, Dey, Year) 32. Registrar'a Signature State AUG 13 1996

DHMH 16 Rav 6/95



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LTIMORE, MARYLAND 21215-0020	ath. Page 6 may be retained by the hospital or attending physician.	neral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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The language	te has been	ite Dept. of He	ım 23 show	
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SICIAN: The Inc.	certificate has been	the State Dept. of He	, or item 23 show	
HYSICIAN: The	his certificate has been	with the State Dept. of He	ked, or item 23 show	
VG PHYSICIAN: The	ter this certificate has been	ath with the State Dept. of He	marked, or item 23 show	
NDING PHYSICIAN: The	3: After this certificate has been	ir death with the State Dept. of He	is marked, or item 23 show	
ITTENDING PHYSICIAN: The WALL	CTOR: After this certificate has been	after death with the State Dept. of He	28 is marked, or item 23 show	
OR ATTENDING PHYSICIAN: The	MRECTOR: After this certificate has been	ours after death with the State Dept. of He	em 28 is marked, or item 23 show	
TAL OR ATTENDING PHYSICIAN: The	AL DIRECTOR: After this certificate has been	72 hours after death with the State Dept. of He	If item 28 is marked, or item 23 show	
SPITAL OR ATTENDING PHYSICIAN: The	NERAL DIRECTOR: After this certificate has been	hin 72 hours after death with the State Dept. of He	NT: If Item 28 is marked, or Item 23 show	
HOSPITAL OR ATTENDING PHYSICIAN: The	FUNERAL DIRECTOR: After this certificate has been	within 72 hours after death with the State Dept. of He	fTANT: If Item 28 is marked, or Item 23 show	
THE HOSPITAL OR ATTENDING PHYSICIAN: The	THE FUNERAL DIRECTOR: After this certificate has been	filed within 72 hours after death with the State Dept. of He	PORTANT: If Item 28 is marked, or Item 23 show	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The INVESTMENT IN IT WAS CARRIFCARE DE executed within a nours after deal	TO THE FUNERAL DIRECTOR: After this certificate has been been by the attending physician and completely filled in by the fun	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exa-	

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		96	23888						
	1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH REG. N								
	1. DECEDENT'S NAME (FIRST, MICHIGO, LIBST) ROBERTEDW. AERRY, SR. 2. DATE OF OEATN MORE)	18 96 YEAR	Y FU H M						
	4. SOCIAL SECURITY NUMBER 5. SEX 1 X M 2 F 78 78 78 70 10 IF UNDER 1 YEAR IF UNDER 24 HRS. TO DAY'S HOURS MIN. (Morth, Day, Year) 10 AY'S HOURS MIN. Feb 21,	Co	errhplace (State or Foreign unity) orth Carolina						
OR	99. FACILITY NAME (If not institution, give street and number) North Arundel Convalescent Center 9b. CITY, TOWN OR LOCATION OF DEATH Glen Burnie	9c. COUNTY OF	Arundel						
DIRECTOR	TRESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Anne Arundel Millersville		10d. INSIDE CITY LIMITS? 1 YES 2 X NO						
FUNERAL	100. STREET AND NUMBER 1324 Ashburton Drive 21108	10g. CITIZEN O	F WHAT COUNTRY?						
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES WWW 2 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify II) yes, specify Cuben, Mexicen, Puerto Rican, etc.)	Yea or No— 14. R/	ACE — American Indien, leck, White, etc. pecify: White						
IPLETED	(Specify only highest grade completed) College (1-4 or 5+) College (1-4 or 5+) (Give kind of work done during most of working life. Do NOT use retired.)	and Shipl Drydock (building						
must be notified at once. TO BE COMPL	17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melde								
TO B	190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Route Number, City or To Mrs. Linda J. Szymanski-DAUGHTER 6449 Lamplighter Ridge, Glei								
must be	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal Iron State Complexy, crematory or other place DATE 20c. II	LOCATION — City or							
medical examiner	Kevin E. Ecker McCully Funeral Home of	f Brookly	yn						
event, the	23. PAPT I) Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reepiratory arrest, intock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
- 1	Sequentially list conditione, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.								
shows any injury, : MEDICAL C		ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
m Z	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only, one)		1 YES 2 NO						
or item 2 YSICIA	EXAMINER? 1 YES 2 NO No No No No No No No								
marked, or	27. MANNEB-OF DEATH 280. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF UNDURY AT WORK? 1 YES 2 NO 28d. DE\$CRIBE NOW	V INJURY OCCURED							
28 is TED	3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, lerm, street, lactory, office building, etc. (Specify) 28l. LOCATION (Street, lactory, office) 28l. LOCATION (Street, lactory, office)		al Route Number,						
ANT: If item	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and more of my knowledge, death occurred at the time, date and place, end due to the cause(e) and more of my knowledge, death occurred at the time, date and place, end due to the cause(e) and my knowledge, death occurred at the time, date and place, end due to the cause(e) and my knowledge, death occurred at the time, date and place, end due to the cause(e) and my knowledge, death occurred at the time, date and place, end due to the cause(e) and my knowledge, death occurred at the time, date and place, end due to the cause(e) and my knowledge, death occurred at the time, date and place, end due to the cause(e) and my knowledge, death occurred at the time, date and place, end due to the cause(e) and my knowledge, death occurred at the time, date and place, end due to the cause(e) and my knowledge, death occurred at the time, date and place, end due to the cause(e) and my knowledge, death occurred at the time, date and place, end due to the cause(e) and my knowledge, death occurred at the time, date and place, end due to the cause(e) and my knowledge, death occurred at the time, date and place, end due to the cause(e) and my knowledge, death occurred at the time, date and place, end due to the cause (e) and my knowledge, death occurred at the time, date and place, end due to the cause (e) and		e(e) end manner ee stated.						
PORTANT: If BE COMI	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER	29d. DATE SIGN	IED (Month, Day, Yeer)						

2	MEDICAL EXAMINER: On the beele of examination end/or inve	vestigation, in my opinion, death occured at the t	lme, date end place, end due to the ceuse(e) end manner ee stated.

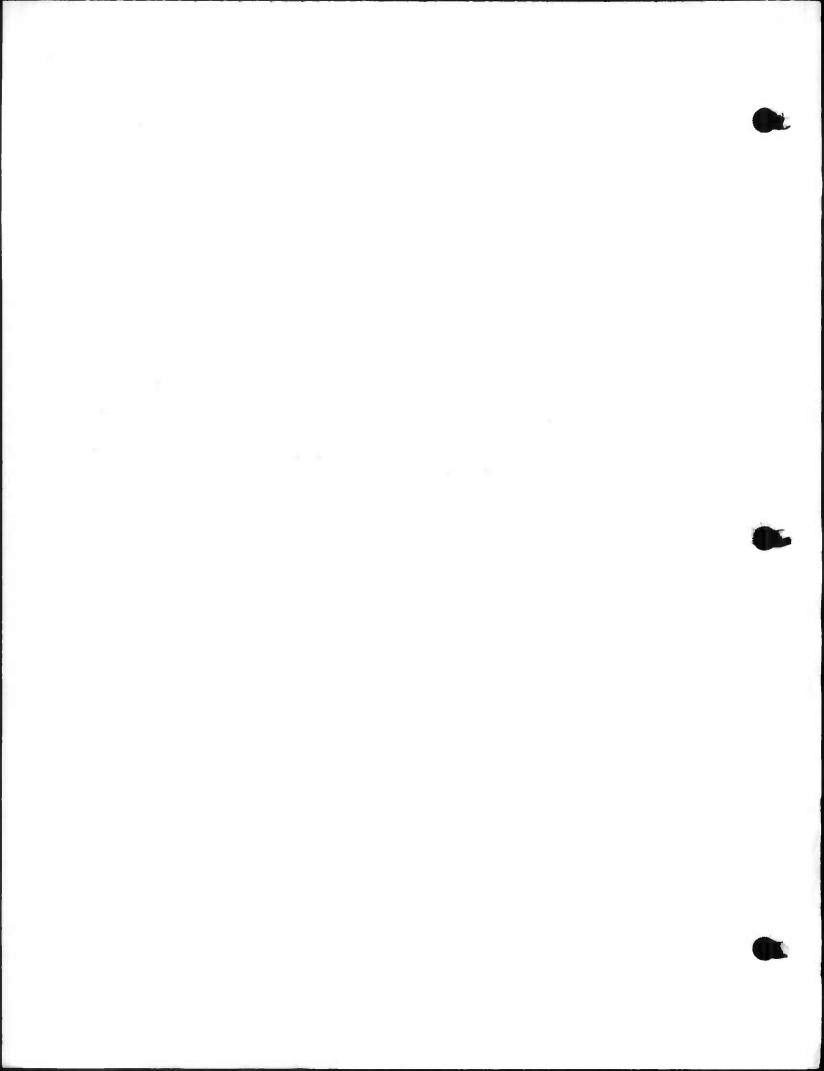
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Na. S. Kan Day - MD	11/207	Olel -

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HODDAMA

31. DATE FILED (Month, Day, Year)

32 REGISTRAR'S EJENATURE AUG 1 3 1996

DHMH-16 Rev 1/89

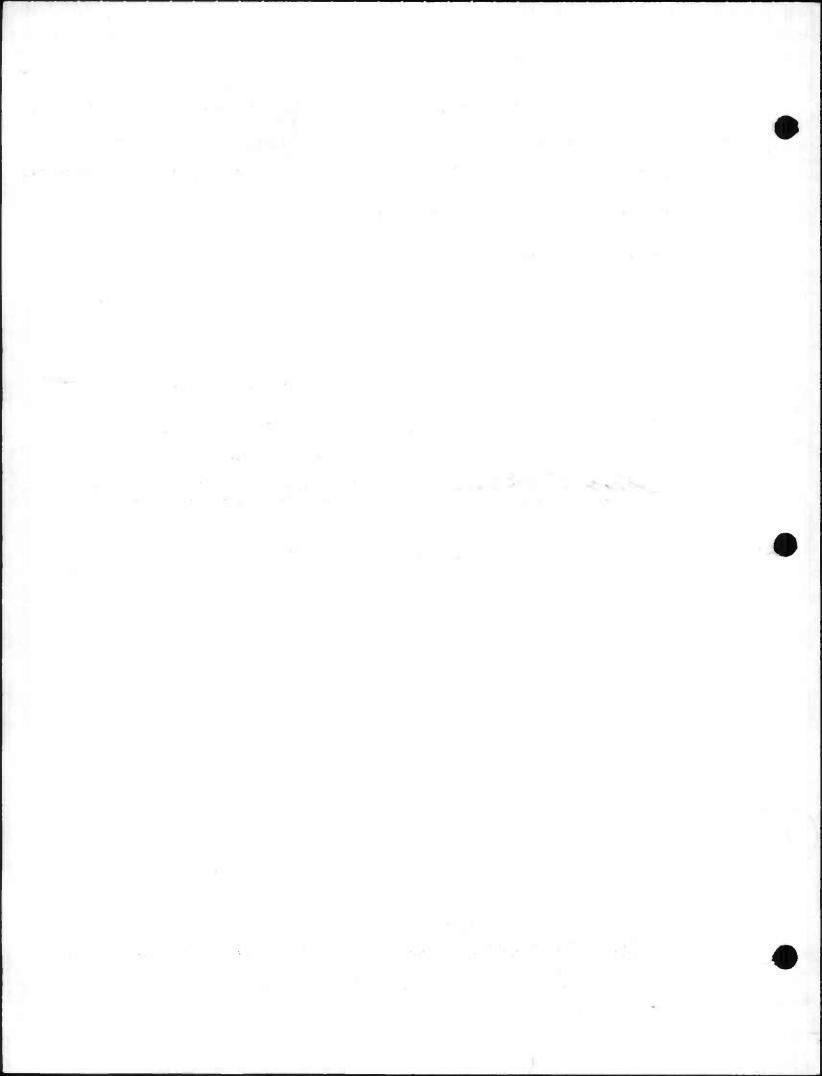


State of Maryland / Department of Health and Mental Hygiene

23889

					Certific	cate of	Death			Reg. No.		4000.
-		1. Decedant's Name (First, Middle, Las	st)						2. Date of D		Vaca	3. Time of Death
	ician dical	Madelei	ne Hale	Robins	on			A	Month ugust	09	1996	6:30 AM
	niner	4a. Facility Name (If not institution, give						wn, or Lo	cation of Dea		nty of Death	
		1906 Fairbank						timo			N/A	
Funer Direct		5. Social Security Number 6. S 577-50-9436 1 Usuel Residence of Decedent	ex □M 2ŽF	a (In yrs. last bir		Inder 1 Year oths Days		Min.	OCT 12	1918	9. Birthi Cou Uni t	place (Stete or Foreign ntry) ed Kingdom
Marylend f show	or	10a. Stata 10b. County Maryland N/A		10c. City, Town Balt	or Location							10d. Inside City Limits 1 X Yas 2 □ No
the Trent	Tec.	10a. Street and Number		1	10	f. Zip Coda				10g. Citizan	of What Cou	ntry?
th with	O Te	1906 Fairbank	Road			2120	9			U	SA	
and 21215-0020 be filed within 72 hours efter death with the Marylend hal Hygiene. of other than "natural", or tiems 23s or 28s-4 show event, the Wester Exercise manual particular and an event, the Wester Exercise manual particular and an event and a contract than the contract and an event and a contrac	by Funeral Director	11. Maritai Status 1 □ Never Married 2 □ Married 3 ◯ Widowed 4 □ Divorced	12. Waa Decadent Armed Forcas? 1 Yes 20 1 If Yes, Give Yaar or Datas:			Decedent of I specify Cub ea 2 XNo		igin? (Spe n, Puarto I	ecify Yas or N Rican, etc.)		Race - Amari Black, White, city: Whi	etc.
5-0 72 ho	eted	15. Decedent'a Ed (Specify only highest gra	lucation de completed)	16a.	Decedent's	Usuai Occu	pation during mos	t of worki	na	16b. Kind o	f Business/In	dustry
	Completed	Elementary/Secondary (0-12)	Coilege (1-4or 5			of work done OT use retire	od)	, .,	9	7.7		
d 212 filed with Hygiene. rither than		17. Father's Name (First, Middle, Last)	4	НО	mema!	ker	18 Moths	ar'a Nama	/First Middle	Hom a, Meiden Sun		
Maryland 212: d 2 should be filed within th and Mental Hygiene. 7 is merked other than traumetic event, the M	To Be	Bernard F		Hale					ne Wi		ratiley	
Haryla 2 should and Men is marke		19e. Informant's Name/Relationship (7	Type, Print)	19b.	Malling Ad	dress (Street	t end Numbe	er or Rura	I Route Numi	ber, City or To	wn, Stete, Zij	Code)
re, Maryle s 1 and 2 should Heelth and Men tem 27 is marke other traumatic		Cecilia R. Liss/da	aughter	190	06 Fai	rbank	Rd. I	Baltimore, MD 21209				
Pege Pege Int: If i		20a. Method of Disposition 1										
Balt permit. Depertu	OUCE.	21. Signature of Unaral Servica Icon George E. Mac	Socie	ty o	f Mary	land, I	Inc. 21228					
		23a. Part1. Enter the disease, or comp shock, or heert feilure. List only		the deeth. Do r								Approximata Interval Between
Physicia /Medic Examin	al er	Immediate Cause (Final disease or condition resulting in death) a. Metosto tic Brust (Due to (or es e consequence of):						Co	arcin	vo ma		2 years
oartificate be assocuted ding physician and se as the burial-trans	/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	C	Due to (or as a c								
death cert stranding dipruse												
O. 5 44	Physician	Part II. Other significant conditions of	ontributing to death be	ut not resulting in	the underly	ring cause gi	ven in Part i			\ /		o the cause of death?
- E 28	by P									Yes 2000	o 3⊡Pro	bably 4 🗌 Unknown
COrd requir should	Completed t				- 257					s an autopsy ormed?	av	ere eutopay findinga vallable prior to impletion of cause death?
The law ste has	mo								1 🗆	Yes 2XN	11	□Yes 2□No
sen: The sense of the part of	Be	25. Was case referred to medicel examiner?					26. Place	of Death	(Check only	one)		
E Note	P	1 ☐ Yes 2 No	Hospital: 1 Inpatie			J DOA				idence 6 🗆		<i>'</i> ሃ)
anding P or: Attert	Certification:	27. Manner of Death 1 X Neturai 5 Pending 2 Accident investigation			ime of njury M	28c. Inju Wo 1	ryat ork?]Yes 2□		28d. Describe	how injury oc	curred	
DIVIS all or Alls a safter of a Directs of or by	Certific	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Hornicide determined	28e. Placa of Injubuilding, etc	ury - At home, far c. (Specify)	rm, street, fa	ctory, office		4		(Street end Nu own, Stete)	mber or Run	al Route Number,
the Hospital. hin 24 hours a the Funeral C	edicai (29a. Certifier 1X Certifying Phy (Check only one)	yaician: To the best of Inar: On the basis of and manner sta	examination and	, death occu	rred at the ti ation, in my	ma, date an opinion, dea	d piace, a	and due to the	cause(s) and , date and piac	manner as s ca, and due t	tated. o the cause(a)
To the Ho within 24 To the Fu completel	Me	29b. Signatura and titla of certifier Attending 29c. License number 29d. Data signed (Month, Dey.									Dey, Year)	
		Marin	I tall	won K	2	C	07	93	0	Augu	st 9	1996
0-		30. Name and eddress of person who								11ugu	<i></i>	1770
		Marvin J. Feldman,	M.D. 301	St. Pai	ıl P1.	Balto	o., MI	212	.02		7	
Regi	State strar	AUG 13 1996	32. Registra	ridaina Pan	9496							

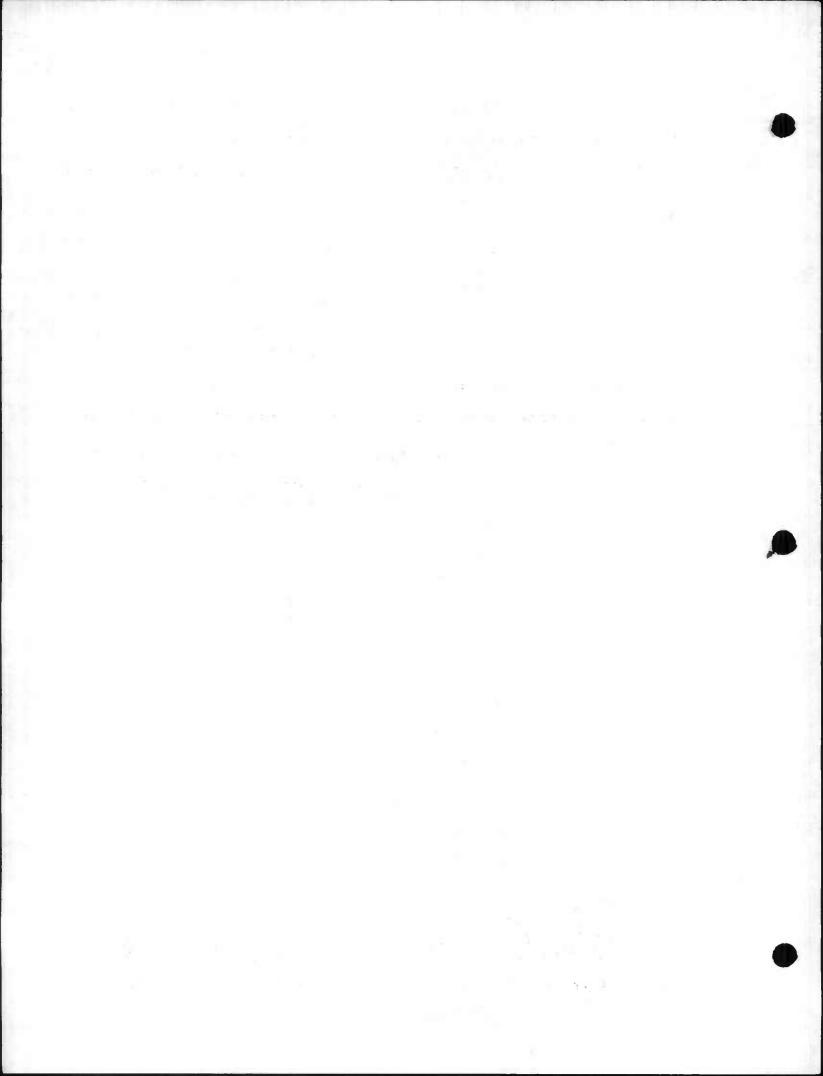
PHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 23890

						Cei	rtificate	of De	eath		Reg. No.				
			1. Decedent's Neme (First, Middla, L	ast)						2. Data of I	Death	M	3. Time of Death		
	Physici /Medic		Rosema	ary Virg	inia	Rutt				Augus	st 18	1996	9:45 PM		
	Examir		4a. Fecility Name (If not institution, g					4b. 0	City, Town, o	or Location of De	ath 4c. C	ounty of Deeth			
			2004 Harbour (Gate Rd.	Apt.	. 83		- 1	nnapo			N/A			
	Funeral			Sex 7. / 1 ☐ M 2 ☐ F		last birthday)	If Under 1 Months		Under 24 H Hours Mi	n. 8. Date of I	Birth Day, Year)	9. Birth	piece (State or Foreign		
	Director		770 12 1117	7 X	67	Yrs.				July (9ay, Year, 1929	Ne	braska		
	and and		Usual Residence of Decedent 10a. Stete 10b. County		10c. City	y, Town or Lo	ocation						10d. Insida City Limits		
	Mary	ō	Maryland N/A		I A	Annap	olis						1 Yes 2 No		
	r 28e	rec	10e. Street and Number				10f. Zlp C	oda			10g. Citize	n of What Cou	intry?		
	3a o	O E	2004 Harbour (Gate Rd.	Apt.	. 83	21	401			I	ISA	1		
	72 hours effer death with the Maryland naturel, or itema 23a or 28a-f ehow neal Examiner must be notified at	Funeral Director	11. Marital Status	12. Wes Deceder		S. 13.	Was Daceder	nt of Hispa	anic Origin?	(Specify Yas or I	No- 14	Rece - Amari			
ì	or its		1 Nevar Married 2 Married	Armed Force 1 Yas 2 If Yes, Give			ı ras, speciij 1□ Yes Xii		nexican, rui	erto Rican, atc.)		Biack, White	hite		
	ref.	d by	3 ☐ Widowed 4 ☐ Divorced	Yeer or Data	s:		100 400	1140 3	ipecity.		3/	pecify: W			
1	naturel'.	Completed	15. Decedant's E (Specify only highest g	Education rada completed)		(Give	dent's Usual (done duri	n ng most of w	vorking		of Business/Ir			
-	within one. than	du	Elemantery/Secondery (0-12)	College (1-4c	or 5+)		ght A		dant			nercia .ines	1		
	be filed with tal Hygiene. d other than event, tre		17. Fathar's Nama (First, Middle, Las	<i>y</i>)		T.T.	giit A	1		lema (First, Midd					
	S da its	o Be	Burnice		Rutt					ssie Th					
	SPEE	ဥ	19e. intorment's Neme/Reletionship	(Type, Print)		19b. Meilie	na Address (Street end	Number or	Rural Route Nun	ber, City or 1	own, Stete, Zi	lo Code)		
- 1	4750		Burnice Rutt Fore		r	1346	St. St	epher	ns Chu	rch Rd.	Crowns	sville,	MD 21032		
	-155		20e. Method of Disposition				osition (Nama matory or other			Deta	20c. Loca	Location - City or Town, Stete			
			1 ☐ Buriei 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Spec						ic. 08	/12/96	Baltimore, MD				
	글 튼튼을 .		21. Signature of Funerel Sarvice Licenses with F. McDonald Cremation Society of Maryland, Inc.												
	Depa impo any i		Danno /	1/10 () m	Mals					Baltimo					
			23a. Pent 1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximately a cause on each line.												
F	hysician		shock, of heert tellure. List only one cause on each line. Interval Onset a												
Į	/Medical		Immedieta Cause (Finel disaese or condition	M	ETA	STAS	70	RI	2674	ST C	SUA	Sr.	SYRC		
ľ	Examiner		resulting in death)	0	Due to (o	r es e consec	quence ot):		- 1		V.,				
	g it	Examiner		b								1			
-	and and al-trar	xan	Sequenticity list conditions, if eny, leeding to immediate cause. Enter Underlying		Due to (or	Due to (or es e consequence of):									
	sician buri		Cause (Diseese or Injury thet Initiated events	c	5							i			
1	eath certificate be executed attending physician and for use as the buriel-transit	Medical	resulting in deeth) Lest		Dua to (or	as a conseq	juence or):					1			
	andin use			d											
	o deam the atter hed for u	Physician	Part il. Other significant conditions	contributing to death	but not resu	ulting in the u	nderlying cau	se given i	n Part I.	23b. D	d tobacco us	e contribute i	to the cause of death?		
	tac 5	Phy								11	□ Yes 25	No 3□ Pro	bably 4 Unknown		
		by								-	/				
	been sign should be	ted									es an eutopsy rformed?	a	Vere autopsy findings vailable prior to		
	2 S S W	Completed								-			ompletion of causa t death?		
	pa ge	Cou								10	Yes 2	No 1	☐ Yas 2☐ No		
	this certificate rai director, pag	Be	25. Wes case referred to medical exeminer?					T	3. Plece of D	eeth (Check onl	y one)				
	this o	2	1 Yes 2 No	Hospitei: 1 Inpe		ER/Outpatier		_	4 Nursing	Home 5 Re			ify)		
	1.45	ion	27. Menner of Death 1 Neture 5 Pending		Day Year)	28b. Time of Injury	M 280	Work?	2 🗆 No.	28d. Describ	e how injury o	occurred			
		Certification:	2 Accident investigation 3 Suicide 6 Could not	be one Diagram	loiupr - At ho	ma farm etr			2 🗆 No	28t Location	Street and	Number or Put	ral Route Number,		
	14)	erti	4 ☐ Homicide determined	building,	etc. (Specify	<i>')</i>	oot, toctory, t	JIII OB		City or 1	own, Stete)	TOTAL OF THE	ar riodio rearribor,		
1		-	29e. Certifier Certifying P	hysician: To the bes	st ot my know	viedge, deeth	n occurred et	the time, o	dete end ple	ce, end due to the	ne cause(s) ar	nd menner as	stated.		
-	Net Piet	edical	(Check only 2 Medical Exa	miner: On the basis and manner	of examinet	ion end/or in	vestigetion, in	my oplnie	on, deeth oc	curred at the tim	e, dete end p	ace, and due	to the ceuse(s)		
1	within 2 To the f	M	29b. Signature and title of certifier	11/1-		^	29c. l	icanse nu	ımber		29d. Date	signed (Month	, Dey, Year)		
			Vester	V CXCO	201	W		DIF	364	4	8	12/91			
			30 Neme end eddrass of person who	completed cause of	death (item	23e) (Typa,	Print)	1	1	1	31				
		1													
			Peter K. Grazi	em.D.	100 K	xistaa	te to	#30	∞ , A	magn	lis, r	nD a	11401		

QHMH 16 Rev 6/95



Items24a,27 8-13-96 F51m6738 W.H.Per OCME Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

		1. Decedent's Name (First, Mic	Idle I	.93					0.0	Reg. No.		
/sici	an	VEDA		it)	рт	СН			2. Data of I	Day	Year	3. Time of Death
ledic		4a. Facility Name (If not institut	L .	street and number		CII		4b. City, Town, o	JULY		96 by of Death	3:00 PM
amin	ier	GOOD SAMA			PITA	L		BALTI		40. Count	NIA	
eral tor		5. Social Security Number 219-52-3272	6. Se	ax 7. A	Aga (In yrs.	(ast birthday) Yrs.	if Under 1 Yaa Months Day			Day, Year)		ca (State or Foraign
		Usual Rasidence of Decedent 10a. State 10b. Coun	ity		10c. Cit	ty, Town or Lo	cation				100	d. Inside City Limits
E DOUL	Director	md 1	116	7		^	alto				100	1 Xyes 2 No
Examiner count be notified at	rai Dire	10e. Street and Number 4741 WY	enu	sood	Ave		10f. Zlp Code	212		10g. Citizen of	Citizen of What Country? U.S.A	
	by Funeral	11. Marital Status 1 Never Marriad Marital 3 Widowed 4 Divorce		12. Was Daceden Armed Forces 1 ☐ Yes 2 K If Yes, Give Yaar or Dates	i? LNo		Vas Decedant of Yes, specify Cu ☐ Yes 2 D.N	Hispanic Origin? Iban, Mexicen, Pu o Specify:	(Specify Yes or learn Ricen, etc.)	No- 14. Ra Bis Specia	ce - Amaricar ack, White, et	
- Committee	eted	15. Dacedo (Specify only high				16a. Deced	lant's Usual Occ	upation	vodkina	16b. Kind of E	Business/Indu	stry
	Completed	Elementary/Secondary (0-12		College (1-40)			ecre to	a during most of wred)	oming	muzzan State Univer		
	To Be C	17. Fathar's Name (First, Middle)	e, Last)					18. Mother's N	-	lle, Maiden Sumai		
any Injury or other traumatic event, tre Manical once. To Re Commissed		19a. Informant's Name/Belation		ype, Print)	ind			et and Number or		lto, and	212	
		20a. Method of Disposition 1 Burlal 2 Cramation 4 Donation 5 Other	3 🗆 F	Removal from State	20b. F	Place of Dispos	sition (Nama of natory or other p		Data 8/5/96	20c. Location		n, State
		21. Signature of Funeral Service	e Licens	iee		22	Name and Add	rass of Facility				
		Dlade	2	Wa	nen	> /	narch	T. H-V	sest a	ne.		
an		23a. Part1. Entar tha disease, shock, or heart failure. Li	or comp st only o	licetions that ceuse ne cause on each	ed the death	ر ر	narch 1300	f. H-V	sh th		lr lr	Approximate nterval Batween Onset and Death
an al er	er	23a. Part 1. Entar tha disease, shock, or heart failure. Li Immediate Causa (Final disease or condition rasulting In death)		licetions that ceuse ne cause on each	ensi	th. Do not ente	March 1300 or tha mode of di	f. H-V Waba ying, such as cerd	Sh (the	arrast,	C	nterval Batween Onset and Death
an cal ner	Examiner	Immediate Causa (Final disaase or condition rasulting in death)			ensi Due to (o	th. Do not ente	Tarch 1300 er tha mode of di terios uence of):	f. H-V Waba ying, such as cerd	Sh (the	arrast,	C	nterval Batween Onset and Death
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an cal er	Be Completed by Physician/Medical	Immediate Causa (Final disaase or condition rasulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that Initiated evants resulting in death) Last	{	a. Hypert b	ensi Due to (or Due to (or Due to not rase	th. Do not enter Ve Ar or as a consequence as a consequ	terios (uence of): uence of): uence of):	f. H-V Wa ba ying, such as cerd cleroti given in Part I.	23b. Di 10 24a. Wa pei	d tobacco use co	Dentribute to ti	nterval Batween Driest and Death Driest and Death Driest and Death Driest and Death Driest and Death?
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State Registrar Theodore King M.D.

29b. Signature and title of certifier

30. Name and addrass of person who completed contra of daath (Itam 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

29c. License number

O.C.M.E.

29d. Date signed (Month, Day, Year)

JULY 31, 1996

State of Maryland / Department of Health and Mental Hygiene

	_			Ce	rtificate of	f Death		Reg. No.						
Physician		I. Decedent's Name (First, Middle, Last)					2. Data of D Month	eath Day	Yaar	3. Time of Deeth				
/Medical	1 -	Thomas Fr.		Robinso	n		Augus		996	3:00 AM				
Examiner	r	a. Facility Nama (If not institution, giva street 117 Mar1brook Ro				4b. City, Town, or		_						
Successi		i. Sociel Security Number 6. Sex		(In yrs. last birthday) If Undar 1 Yaa		na Par			undel				
Funeral Director		022-14-9152 TXM		74 Yrs.	Months Day	s Hours Min.	8. Dete of B (Month, D OCT 11	1921	Magg	elece (Stete or Foreign achusetts				
9	-	Jsuel Residence of Decedent					,002 22	3 -/						
5-0020 72 hours after death with the Meryland natural", or items 23s or 28s4 show diest Examines must be notified at what hy Elinarsi Director		Maryland 10b. County Anne Art	undel	10c. City, Town or L Sever	na Park				1	0d. insida City Limits 1 ☐ Yas 2 No				
frer death with the Mei r Hems 23e or 28e4 al Wher must be motified	5	0e. Street and Number			10f. Zip Code			10g. Citizen of \	What Cour	itry?				
ath w	<u>a</u>	117 Marlbrook Ro	ad		211			USA						
ter deal		1. Maritel Stetus 12. Married 12. Married	Wes Decedent E Armed Forces?	var in U,S. 13.	Was Decedant of if Yas, specify Cu	Hispanic Orlgin? (S ban, Maxican, Puer	pecify Yes or N o Rican, atc.)	o- 14. Rad Bied	e - Amaric ck, White,					
21215-0020 d within 72 hours att piens. It has "natural, or the Nedical Earl Completed by E	2		l ☑AYes 2 ☐ N If Yes, Giva Yaar or Datas:	W II	1□ Yes 2 No	Specify:		Specify	v: W 1	nite				
1 21215-002 led within 72 hours typiene. Nor than "natural", It, the Redical Ex) ied	15. Decedent's Education (Specify only highest grada control of the control of th	on moleted)	16e. Dece	edent's Usual Occi	upation e during most of wo	rkina	16b. Kind of B	usiness/Ind	dustry				
within ene.			Coilege (1-4or 5-	ife.	DO NOT use retir	red)	na ny	Bethle						
o filed with other than vant, the Man	3 -	7. Father's Name (First, Middle, Last)	4	Na	val Arc		ne /Firet Middle	Ship a, Maiden Suman	yard	1				
Maryland d 2 should be file th and Mental Hy i'l is marked oth traumetic evant	ŏ	Harold Fran	klin Ro	binson				hleen K						
Aarylar 2 should be and Menta is marked aumetic or	= -	19a. Informant's Name/Reletionship (Type,			ing Address (Stree	et and Number or Ri								
		Jean S. Robinson/wit		177	Marlbro	ok Rd. Se	verna P	ark, MD	21146					
ges 1 and t of Health if Item 27 or other to		20a. Method of Dieposition 1 ☐ Burial 2X Crametion 3 ☐ Remo	wol from State	20b. Pieca of Disp cemetery, cre	osition (Neme of metory or other p	lece)	Dete	20c. Location -	City or To	wn, Stata				
Peges ment of ant: If its		4 Donation 5 Other (Specify) Metro Crematory, Inc. 08/09/96 Baltimore, M												
Baltimore, pemit. Peges 1 at Department of Hee Important: If item: any injury or othe		c.												
20240		21. Signatura of Funeral Service Use Park F. McDonald Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228 23a. Pertl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate												
THE REAL PROPERTY.		23a. Pert1. Enter the disease, or complication shock, or heart failure. List only one complication.	ons that caused ouse on eech iln	the daath. Do not er a.	iter the mode of dy	ying, such es cardie	c or respiretory	errest,		Interval Between				
Physician	1	1	Onsat and Deeth											
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Box 68760, eath certificate be associted attending physician end for use as the burlel-transit claryMedical Examir		Sequentially list conditions, Due to (or as a convenience of):												
x 68760, ertificate be assecuting physician end as the buriel-transmedical Exam	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that infilated events Due to (or as a consequence of): Due to (or as a consequence of):									0 years				
68760, ficate be a physician as the burie	200	that initiated events resulting in death) Last	C	Dua to (or as a conse	ruance of):	d								
A ding p	3	d							i					
death of death of for us	0								i					
the d	2	Pert II. Other significant conditions contribu	iting to death bu	t not rasuiting in that	underlying cause of	givan in Pert I.				the cause of death?				
		Diabet	<i>es</i>				1	Yes 2 No	3 Pro	bebly 4 Unknow				
ords, requires to requires to bould be better by								s en autopsy	24b. W	ere autopsy findings				
0 2 0 0 =							per	formed?	CO	allable prior to mpletion of causa death?				
	5						10	Yes 2 No	10	☐Yas 2☐ No				
f Vital ysiclen: T s certificat director, pa		25. Wes case referred to medical examiner?				26. Place of De	eth (Check only	one)						
- 5 sp	o	1 Yes 2 No Hosp	itei: 1 🗆 Inpatiar	t 2 ER/Outpatie	INT 3LI DUA		lome 5 Res	idenca 6 🗆 Oth	ner (Specif	y)				
ding Ph h. After thi funeral	5	1 Neturei 5 ☐ Pending	8a. Dete of injury (Month, Day	Year) 28b. Time (W		28d. Dascribe	how injury occur	red					
Attending r death. ector: Afte by the fune liftication	2	2 Accident investigation 3 Suicide 6 Could not be	On Dinner of India			☐ Yes 2☐ No	79f Looption	(Ctroot and Num!	har or Burn	al Route Number				
Division of the Attanding Paragraph of the Attanding Paragraph of the Attanding Paragraph of the Attanded of t		4 ☐ Homicide determined 2	building, etc.	ry - At home, ferm, st (Specify)	reet, rectory, omc	в		(Street and Numi own, Stete)	or or nure	i riodie Number,				
the House the Mours the Medical C		29e. Certifier 1 Certifying Physicia (Check only one) 2 Medical Examiner:	On the basis of	examinetion and/or in	th occurred at the	time, dete end piece	e, end due to the	e ceuse(s) and me	enner as s	teted.				
Within To the comple	6	9b. Signature and title of certifier	end menner stet	ed.	29c. Licer	nse number		29d. Date signe	d (Month.	Day, Year)				
D N D N		VI Velloal		100	T	2010	7	e/n/	01	,				
		0. Name and address of person who comple	ated cause of the	ath (Itam 23e) /Time	Print)	15 14	4	8/9/	46					
		Richard T Hank	12 N 7/1	N 183=	A Ford	ost Dain	e Ani	12/0/15	7006	246				
State	7	1. Dete filed (Month, Day, Year)	32. Registre		11 1010	71.10	-) /	7117	LUCA					
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DHMH 16 Rev 6/95

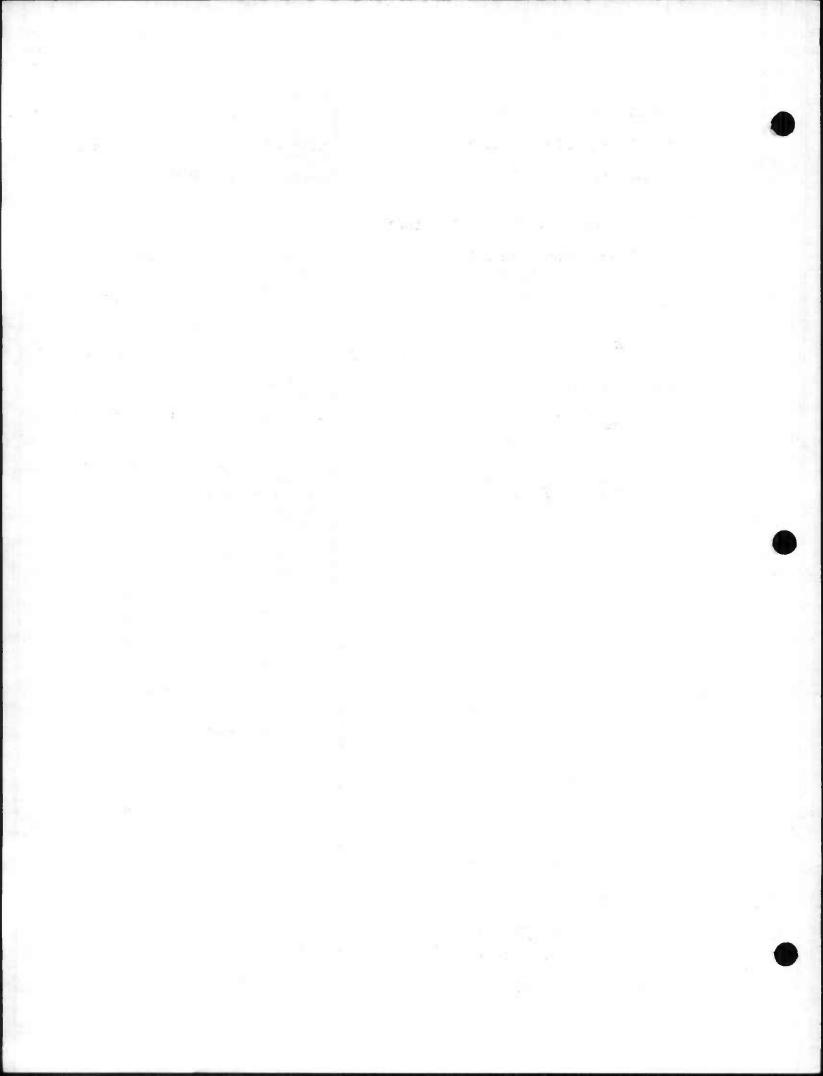
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State of Maryland / Department of Health and Mental Hygiene 9,6

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			7900 Benesch Ci	rcle Apt.	810			(len Burr	nie		Anne	Arui	ndel
Funer Directo			5. Sociel Security Number 229 – 34 – 8389			84 Yrs.	If Unde Months	r 1 Yaar	if Under 24 Hrs Hours Min.		ay, Yeer)	9. Birthpi Coun	place (State or Foreign ntry) ginia
yland		-	Usual Rasidance of Decedant 10a. Stata 10b. County		10c. Ci	ty, Town or Loc	ation						11	0d. inside City Limits
Se-f al	ctor	1	aryland Anne Ar	undel	Gle	n Burn	ie							1 ☐ Yas 2 No
vith ti	id	5	10e. Street and Number				10f. Zi	p Coda			10g. Ci	itizan of W	hat Coun	itry?
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o within 72 hours affer death with the Maryland piece. 7 then "naturel", or ferms 23e or 28e-1 show the Modical Exercise must be notified at	by Funeral Director		11. Marital Stetus 1 ☐ Nevar Married 2 ☐ Merried 3 🖾 Widowad 4 ☐ Divorced	12. Was Deceden Armed Forcas 1	?				spanic Origin? (S n, Maxican, Puer Specify:	to Rican, etc.)	>	Black	k, White, i	
netu dise	pete		15. Decedant's (Specify only highast)	Education grade completed)		16a. Deced	ant's Usu	uel Occupi	ation furing most of wo	rkina	16b. F	Kind of Bus	sinass/ind	dustry
nd Mental Hygiene. marked other than "	Completed		Eiamentary/Secondary (0-12)	Collega (1-4or	5+)		o <i>nor</i> i)		F	ormi	са М	anufacture
other vant, p			17. Fathar's Nama (First, Middle, La	st)		, de	, , ,	y	18. Mother's Na	ma (First, Middle				anaractare
marked o	To Be		Roy S. Heatwol						Naomi				,	
Health and Mental Hygen 27 is marked other theumatic avant,			19e. Informant's Name/Ralationship Sondra E. Curry		r	19b. Mailing	Addras	ittle	and Number or Ri	ural Route Numb	er, city erst	or Town, S	Stata, Zip	Code) 21784
- 2		2	20a. Mathod of Disposition			Piace of Dispos	ition (Na	ma of other plac	e)	Dete	20c. L	ocation - 0	City or To	own, Stata
ant: If			1 ☐ Burlei 2 ☼ Cramation 3 4 ☐ Donation 5 ☐ Other (Spe		٠	etro Cr				08/13	Ral	timor	o M	Maryland
partmen portant: y injury	8		21. Signature of Funeral Service Lic	ensee			Nema a	nd Addras	s of Facility				,11	iai-y-railu
Depart Imports any inj	ä		1777	Line of		1	Sta	lling	s Funera	al Home,	P.A	1.	D 24	122
2 -			23a. Part1. Entar he disbasa, or co shock, or haart fallura. List on	mplications that cause ly one cause on each	d tha daal	th. Do not enta	r tha mo	da of dyin	g, such as cardia	c or respiratory	rrast,	ld, 14	0-41	Approximete interval Between
nysicia	_	ı												Onset and Death
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ansit	Examiner			в. 144°	whe	or es e consequ							<u>i</u> _	
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ysicis ne bu	edicai		Causa (Disaasa or injury that initiated evants resulting in death) Last	c. Ohr	Due to (c	or as a consequ	enca of)	mys						
On di	- 15	: 1	resulting in death) Last	d										
attendin for use	Physician/	_											İ	
ed by the a	VS	'	Part ii. Other significant conditions	contributing to death	but not ras	ulting in the un	darlying	causa givi	an in Part i.				and a second	the caues of death?
ned b	by Pt									10	Yes :	2147No	3 ☐ Prot	bably 4 Unknow
been signs should be										24e. Was		opsy	24b. Wa	are autopsy findings ailable prior to
2 sho	Completed	-								реп	omed?		cor	mplation of causa death?
2 8	8									10	Yes 2	Q No	10	☐Yas 2☐ No
	Be		25. Was case raferrad to medical						26. Place of De	ath (Check only	ona)			
m 0	D O		exeminar?	Hospitai: 1 ☐ inpat	ient 2	ER/Outpatient	3□ D	OA Oth	ar: 4 Nursing H	iome 5 P Has	idance	8 Otha	r (Specify	וע
her th			27. Mannar of Death 1 ☑Naturai 5 ☐ Panding	28a. Date of inj (Month, D	ury av Year)	28b. Time of Injury		28c. Injun Worl	at	28d. Dascribe	how inju	ary occurre	ad	
stor: After	atio		2 Accidant investigat	ion	, ,	,,	М		Yas 2 □ No					
Director: of in by the	Certification:		3 Suicide 6 Could not determine	28a. Place of in building, a	jury - At h Ic. (Speci	ome, ferm, stre	et, factor	ry, office		28f. Location (City or To			er or Rura	al Routa Number,
Furna visit	edical		29a. Cartifiar 1 Certifying I (Check only one)	Physician: To the best aminar: On the basis of end menner s	of examine	wledge, deeth stion and/or inv	occurred	et the tim	a, deta and place pinion, daath occu	, and due to tha irred at tha tima,	causa(s data an	s) and man id piace, a	nnar as st ind dua to	tated. tha cause(s)
dwo omp	/ §		29b. Signatura and title of certifiar	/m	. ()		29	c. License	number		29d. Da	ate signed	(Month,	Day, Year)
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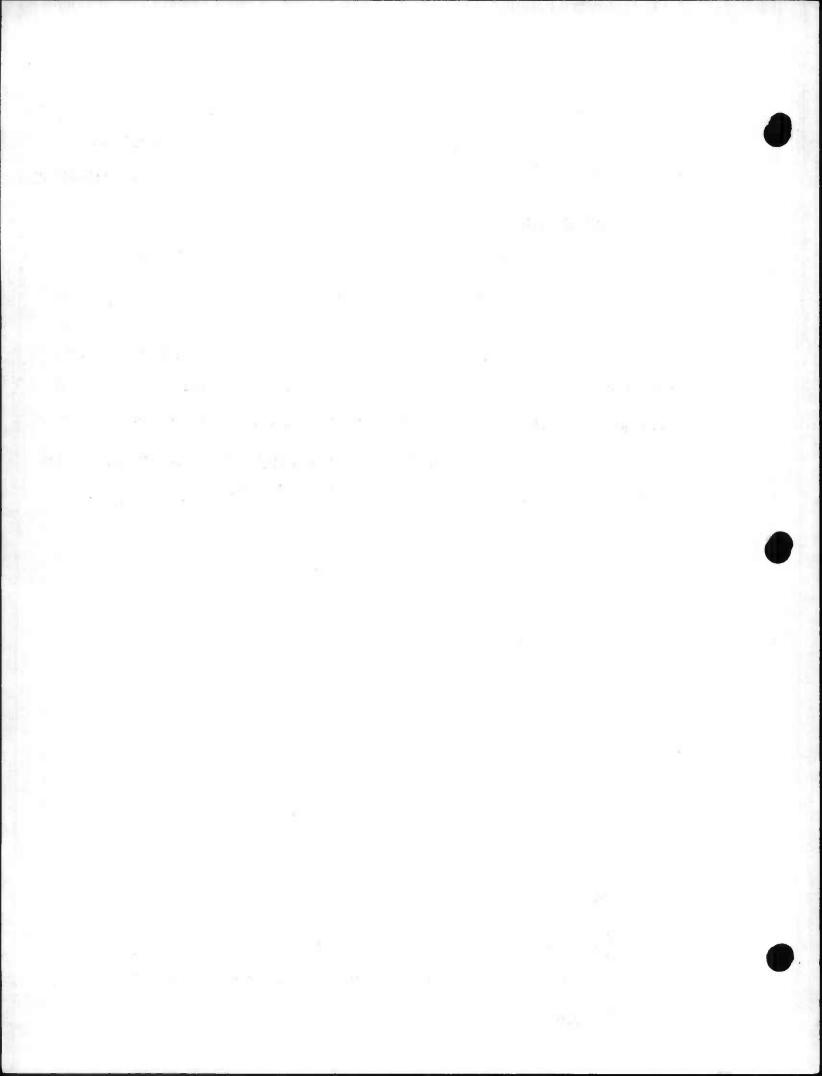
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

23894

						Ce	rtificate c	of Death		Reg. No.		
Div.			1. Decedent's Name (First, Middla, L.	ast)					2. Data of D Month		Yaar	3. Time of Death
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12 14	ieuica iminei	_	4a. Facility Nama (If not institution, gi			•		4b. City, Town, or			y of Deeth	100
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Fune	eral		5. Social Security Number 6.	Sax 7. Age	(In yrs. les		If Under 1 Ye	ar If Under 24 Hr	8. Dete of B			olaca (Stata or Foraign
Direc			216-10-9711	12 M 2□F	88	Yrs.	Months Day	ys Hours Mir	Month, L		Cour	ELPHIA, PA.
0			Usual Rasidance of Decedent		0.5						FILLAD	ru i i i i
arylan	§ .		10a. Stata 10b. County		10c. City,	Town or Lo	ocation				1	Od. Inside City Limits
Ma I	nouned a	5	Mayland BALTIMORE	CITY	Bal	timo	ce					1 ☑Yes 2 ☐ No
ith the M	1	5	10e. Street and Number			1	10f. Zip Cod	a	E X	10g. Citizan of	What Coul	ntry?
ith wit		2	2108 Boston St	reet mot 5	(b) 7		212	31		U.S.A.		
ter death with the Maryland thems 23a or 28a-f show	Financial Director	5	11. Maritel Stetus	12. Was Decedant E		13.	Was Decedant	of Hispanic Origin? (Specify Yes or N	lo- 14. Ra	ce - Amaric	
_ p #			1 Nevar Married 2 Merried	Armed Forces?	0			uben, Maxican, Pua	no Rican, atc.)		ick, White,	etc.
	1		3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva 'Year or Datas:			1 □ Yas 2 □ 1	No Specify:		Specit	y: WHIT	E
15-00: 72 hours natural',	Completed	2	15. Decedant's E	ducation	- 1	16a. Dece	dant's Usual Oc	cupation	4-1-	16b. Kind of B	usinass/In	dustry
vithin 7 ena.	100	2	(Specify only highest gi	Collega (1-4or 5+	-)	lifa.	DO NOT usa ret	na during most of wi lired)	orking			
TO COL		5	8	N/A		RICK L	_AYER			CONSTRUC	TION I	INDUSTRY
e filed	Be	9	17. Fathar's Nama (First, Middla, Las	t)				18. Mothar's Na	ma (First, Middl	a, Maiden Sumar	na)	
ylan ould be Mental			NUNZIO RUFFO					GIOVANEL	LI MAGNAR	ELLA		
Maryland d 2 should be file th and Mental Hy			19a. informant's Name/Ralationship	(Type, Print)		19b. Maili	ng Addrass (Stre	eet and Number or F	Iural Routa Num	ber, City or Town	, Stata, Zir	Code)
	5		ANTHONY RUFFO, JR. (S	30N)		106 l	INHIGH A	VENUE BALTI	MORE, MAR	YLAND 2123	36	
Te la la la la la la la la la la la la la	5	Ī	20a. Mathod of Disposition		20b. Plac	e of Dispo	osition (Name of	nla an)	Deta	20c. Location	- City or To	own, State
Page anto	5		1 Burial 2 □ Cramation 3 [4 □ Donation 5 □ Other (Speci				,	RIAL GDNS.	ALICUICT O	1006 TIM	M ITIAC	MARYLAND
Baltimore, pemit. Pages 1 ar Department of Hea Important: If item		-	21. Signature of Funerel Sarvica Lice	**	LULAN	-	2. Name end Ad		AUGUST 3,	T330 171.K	JALON,	PATILAND
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		_	LIOH LY()	OFFIN)	and the same			R ROAD BALT			236-46	
			23a. Part T. Entar tha disaasa, o Con shock, or haart failura. List only	iplications that caused to one causa on each line	tha daath. a.	Do not an	tar tha mode of o	dylng, such as cardi	oc or raspiratory	arrest,	1	Approximate Interval Between
Physic			town and constitution	A: =	(1 =) # 0	Six	MER	182			1	Onsat and Death
/Medi Examir			immediata Causa (Finat diseasa or condition rasulting in daath)	AL +	46 IN	C102	12/20				1	3 years
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68760, ficate be emocu physician and			Sequentially list conditions, if any, laading to immadiata causa. Enter Undarlying Cause (Disaasa or injury	C								
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	2	2									1	
Sord requir	Completed	3								s an autopsy formed?	av	ara autopsy findings rallabla prior to
Reco	e o	2									of	ompletion of cause death?
A The state of the	ļ								1□	Yes 2 No	11	□Yas 2□No
Ita	Be		25. Was casa rafarred to medical					26. Placa of De	ath (Check only	ona)		
of Vital Records,			axaminar? 1 ☐ Yas 2 No	Hospital: 1 ☐ Inpatian	t 2 EF	VOutpetler	nt 3 DOA	Othar: 4 Nursing	Home 5 □ Ras	sidance 8 DOt	har (Specil	fy)
			27. Mannar of Deeth	28a. Data of injury (Month, Day	Year) 28	Bb. Tima o	f 28c. Ir	njury at Nork?		how injury occu		
lo l	atio		↑ Panding 2 Accident S Panding investigation		r out,	rigory		☐Yes 2☐No				
S 1 36	l o		3 Sulcide 8 Could not to detarmined	28a. Place of Injur	y - At home	a, farm, str	reat, factory, offic	CA		(Street and Num	ber or Run	al Routa Number,
D 300	Certification:		4 Homicida	building, atc.	(Specify)				City or 1	own, Stata)		
To the Mapitals within 24 hours To the Funeral of	9		29a. Cartifiar Certifying Pl	hyaician: To tha best of	my knowla	idga, daati	h occurred at the	tima, data and place	e, and dua to th	a causa(s) and m	annar es s	itated.
24 E	Medical		(Check only 2 Medical Exa	miner: On the basis of a and manner state	axamination	and/or in	vastigation, in m	y opinion, daath occ	urred at the time	, data and place,	and dua to	tha cause(s)
To the within 2	×		29b. Signature and title of certifier				29c. Lica	anse number		29d. Date signe	ed (Month,	Dey, Year)
			DA M	A			D3	POSOF		8	6 9 8	2
10		-	30 Name and address of names	completed sever of de-	ath /lta Ci	20) /7	Print\					,
10		'	30. Nama and addrass of person who	Tolve 3	Han 2		Bar	NIEW H	e diracl	reste	1	
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			0 1000	U								



Physic	ian	1. Decedent's Name (First, Middle				ificate of		2. Dete of D	Reg. No.	9 6 Year	23895 3. Time of Death	
/Medi		JOHN	L.		SC	HRENKE		AUG.		9 ^{Yeer}	10:30	
Examiı	ner	4a. Facility Neme (If not institution,	UARE HOSE	PITAL			4b. City, Town, or ESSEX		BALTI			
Funeral Director		5. Social Security Number 218–68–8775 Usual Residence of Decedent	6. Sex 7	Age (In yrs. 41		If Under 1 Yeer Months Deys		(Month, D	irth ey, Year) 25,1955	9. Birth Cour BALTI	piece (Stete or Fore htry) MORE, MARYLA	
28a-f show	Director	MARYLAND BALTIMOR	Æ		y, Town or Loca IMORE COU						10d. Inside City Lim	
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23	<u>a</u>	9006 PHILADELPHIA RO)AD			21237			U.S.A.			
f, or items	by Funeral	11. Marital Status 1 □ Never Married 2 ☒ Merrie 3 □ Widowed 4 □ Divorced	12. Was Deceder Armed Force 1 Yes 2 if Yes, Give Year or Dates	s? X (No		es Decedent of les, specify Cut Yes 2 No	Hispenic Orlgin? (S pan, Mexicen, Puert Specify:	pecify Yes or N o Rican, etc.)		14. Rece - American Inc Bleck, White, etc. Specify: WHITE		
natural.		15. Decedent's (Specify only highest	Education		16e. Deceden	nt's Usuel Occu	pation during most of wor	rkina	16b. Kind of Business/Indus			
then	Completed	Elementery/Secondary (0-12)	College (1-4o N/A	r 5+)	HEAVY EQ		during most of word OPERATOR		CONSTRU	CTION	INDUSTRY	
arked other atic event,	To Be C	17. Father's Neme (First, Middle, L. JOHN L. SCHRENKE	ast)						(First, Middle, Maiden Sumeme)			
EE	-	19e. Informent's Neme/Reletionsh			19b. Mailing	Address (Stree	t end Number or Ru		ber, City or Town,	State, Zir.	State, Zip Code)	
or trau		DAISY E. BREEDEN	(MOTHER)						ARYLAND 21237		,	
-		20e. Method of Disposition 1 → Burlai 2 □ Cremetion	B □Removel from Stet	е с	Place of Dispositi emetery, cremet	on (Neme of tory or other ple	ece)	Date	20c. Location		own, Stete	
njury		4 Donation 5 Other (Specify) PARKWOOD CEMETERY AUGUST 10, 1996 BALTIMORE, MARY 21. Signature of Funeral Service Licensee 22. Name and Address of Facility										
Important: If any Injury or once.		23a. Pert1. Enter the disease, or s	RYLAND 21236-4625 Approximete									
ysician ledicai aminer		shock, or heert feilure. List o Immediete Ceuse (Finel diseese or condition resulting in deeth)	e. CARDIO	MYOPATH	Y r es e conseque	nce of).					Interval Between Onset and Deeth	
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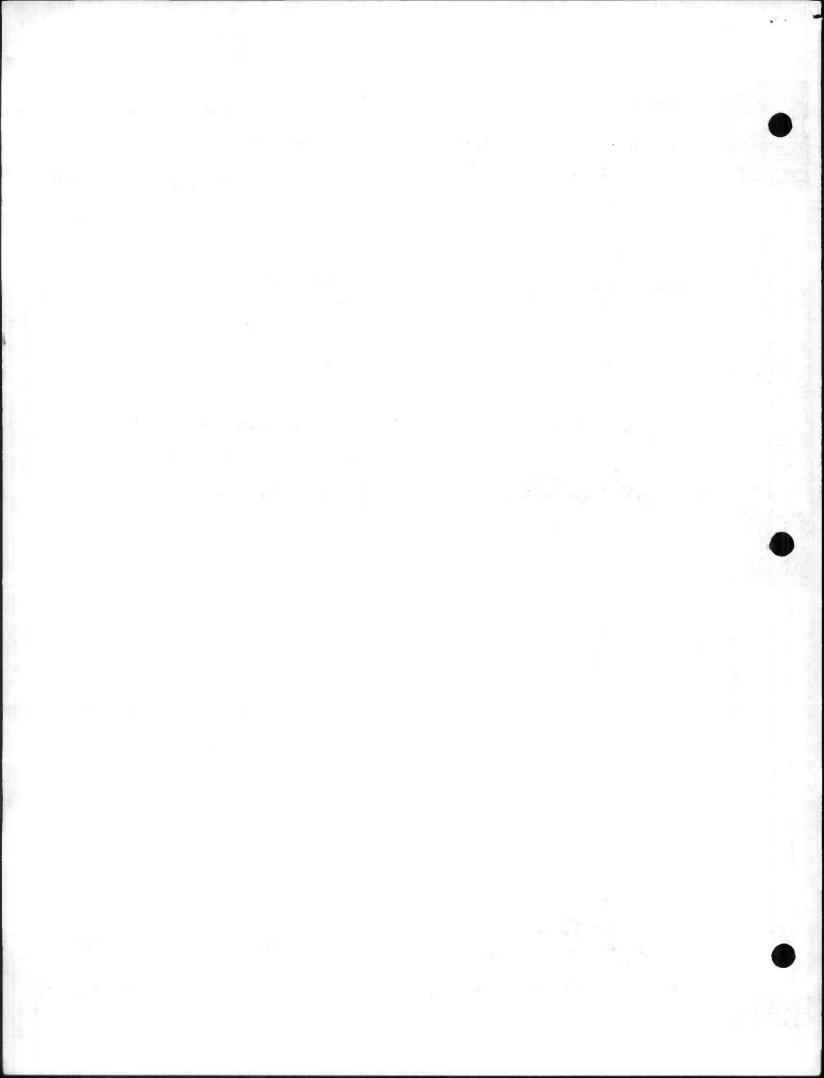
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State of Maryland / Department of Health and Mental Hygiene 96

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						Ce	rtificat	te of	Death			Reg. No.			
	100		1. Decedent's Neme (First, Middle,	Last)			0.1	. 0			2. Dete of De	eth	Desc	3. Time of Death	
п	Physic		MARIE	Anna			SK	RU	CH		AUGUS!	- Dey	Yeer 1996	2:10 p.n	
X.	/Medi		4a. Fecility Neme (If not institution,		ar)				4h City To	wen or Lo	cation of Deat		4.4	4.10 7.11	
а	Exami	ner	and the same of th										y OI Deelli		
Н		-	GOOD SAMAR 17PG				If Unde	r 1 Van	BALL	24 Hrs.	Print Control	N/A		Service Committee	
	Funeral Director		5. Social Security Number 218-58-9822	5. Sex 7. / 1 ☐ M 2 ☐ F	Age (In yrs. lest 81	Yrs.	Months			Min.	8. Dete of Bir (Month, De	ey, Year)		place (Stete or Foreign otry) yland	
	ס		Usual Residence of Decedent								May26	, 1915	1704	YIGHA	
	ylan		10a. Stete 10b. County		10c. City, T	own or Lo	ocation						1	0d. Inside City Limits	
	the Marylar 28a-f ehow	to	Md.	N/A	Balt	imo	re							1√2 Yes 2 □ No	
	1 28 1 28	Director	10e. Street and Number				10f. Zip	Code				10g. Citizen of	Whet Cou	ntry?	
	items 23a or rec man be	0	812 Ponca St	reet			2	122	4			U	SA		
	Seath me 2	Funeral	11. Maritel Status	12. Was Deceder	nt Ever in U.S.	13.	Wes Dece	dent of	Hispanic Orl	lain? (Spe	cify Yes or No			an Indien.	
_	a E	2	1 Never Married 2 Merrie	Armed Forces	s?	1.0	If Yes, spe	cify Cut	an, Mexicar	n, Puerto	cify Yes or No Rican, etc.)				
20	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show ont, the Medical Evantine must be notived at	by	3 □ Widowed 4 □ Divorced	If Yes, Give			1 🗆 Yes	2\ No	Specify:			Specify: White			
21215-0020	hou	B	15. Decedent's			Sa Dass	dent's Usu	al Ossu	nation						
5	n 72	Completed	(Specify only highest	grede completed)	'	(Give		rk done	dunna mos	t of worki	ng	100. Kind of E	of Business/Industry		
12	filed within thygiene. other than out, the M	E	Elementery/Secondery (0-12)	College (1-4o	r 5+)				, 4,			н	ome		
D	a by Siled		8 yrs. 17. Fether's Neme (First, Middle, Li	act)		HO	usew	lle	10 Moths	arie Name	/Eiret Middle	, Meiden Surner			
an	S a b s	Be		1317									110)		
Maryland	d 2 should be filed within the and Mental Hygiene. 7 ie marked other than traumetic event, the Mental Mental traumetic event, the Mental traumetic event, the Mental traumetic event traumetic event the Mental traumetic event event	2	John Long					5.025.01			a Dear		State Zin Code)		
a	2 9 9		19e. tnforment's Neme/Reletionshi		1		_					er, City or Town			
	1 and Health em 27		Betty Skruch	1					St.	Bal		e Md.			
0	T ite		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3	□ □ Pemouel from Stat	came	etery, crei	osition (Nei metory or c	other ple	ce)		Dete	20c. Location			
E	Peg ment: Iny		4 ☐ Donetion 5 ☐ Other (Spe		oak 1	Lawn	Cem	1.		3	3-12	Balti	more		
altimore,	pemit. Peges 1 and Department of Health Important: If item 27 eny injury or other to once.		21 Signature of Fineral Service Usepter 22. Neme end Address of Fecility												
m	Depa Impo eny is		Jane hel	Sah								e Of Du		lk	
	_		7110 Sollers Point Rd. 21222 21a Pent Enter the disease, or compactions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximate interval Between												
			shock, or heart fellure. List only one ceuse on each line.												
	Physician /Medical Examiner		Immediate Cause (Final disease or condition ASPIRATION PNEUMONIA										1	Onset and Deeth	
			disease or condition resulting in deeth)	e. AJ	PIRAT	ION	PI	VEU	MONI	A				SEVEN PAYS	
		100	252.9/8 (1/2-02)		Due to (or es								1	14	
	b #	듣	CONGESTIVE HEART FAILURE										5	EVEN DAYS	
	ertificate be executed ing physician and e as the burial-transit	xan	Sequentially list conditions Due to (or es a consequence of):									- 1			
60	cian cian buria		if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury	C									į		
68760,	Shysi the	dlc	thet initiated events resulting in deeth) Last		Due to (or es	e to (or es e consequenca of):							1		
×	the death certificate be executed by the ettending physician and ached for use as the burial-transit	Š Z											i		
Bo	eath ce ettendi	Physician/			u								- 1		
0	that the de ed by the e detached t	ysl	Pert II. Other significant condition	contributing to death	but not resultin	g In the u	inderlying o	ause g	ven in Pert I	l.	23b. Dtd	tobacco use co	ontribute to	the cause of death?	
о_	hat det										10	Yes 2 No	3 Pro	bably 454Jnknown	
Records,	s 5.8	b											Tan w	and the second	
0	v requires been sign should be	tec									24e. Wes	an eutopsy omed?	av	ere autopsy findings ellable prior to	
ec	2 S C	ple											of	mpletion of cause deeth?	
<u>~</u>	0 - 6	Completed									10	Yes 2 No	10	Yes 281 No	
Vita		Bec	25. Wes case referred to medical						26. Place	of Death	(Check only	one)			
>	Physiclen: this certific ral director,	0	examiner? 1 ☐ Yes 2 ☑ No	Hospitel:	tient 2 FR	/Outpatier	nt 3 DC	DA OI	her _			dence 6 □Oti	her /Snecil	(v)	
o		ı: T	27. Menner of Death	28a. Date of In	iury 28	b. Time of		28c. Inju				how Injury occu		,,	
6	ding the	to	1 Neturel 5 ☐ Pending 2 ☐ Accident investige	(Month, E	Day Year)	tnjury	м		rk?]Yes 2. □	No					
Division	Attending or death.	fica	3 ☐ Suicide 6 ☐ Could no	t be One Diese of I	njury - At home	ferm. str	reet fector	v. office			28f. Location (Street and Num	ber or Rura	al Route Number.	
Š	or A after Direct	Certification:	4 Homicide	building,	etc. (Specify)						City or To	wn, Stete)			
	plts ours file		29e. Certifier t⊠ Certifying	Physician: To the bes	t of my knowled	dan dantt	h convered	at the t	me dete en	d place o	and due to the	anua (a) and		and and	
-	香花草	edical		taminer: On the basts end menner:	of exeminetion	end/or In	vestigetion	, in my	opinion, dee	th occurr	ed at the time,	dete end plece,	and due to	the cause(s)	
	100	29c. License number 29d. Dete signed									ad (Month	Dev Yearl			
I	2 28		1901	mo.dustrating						6		NOUST			
19	1		DIETTE	THLUSAN,	M.O.			0	930	8		1000001	01	1770	
-	4		30. Neme end eddress of person wi	no completed cause of	deeth (item 23	e) (Type,	Print)								
	- 21		YVETTE TALUSAN	MO. 56	01 4000	H2 RA	WEN	6	OVLEN AK	0,	DALTIM	DIE, MO	2123	9-2995	
	Sta	ate	31. Dete filed (Month Day Year) AUG 13 1990	J. 320.806gm	mars Signature	-									
Е	Regist	ar	AUG 13 1330	0											



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

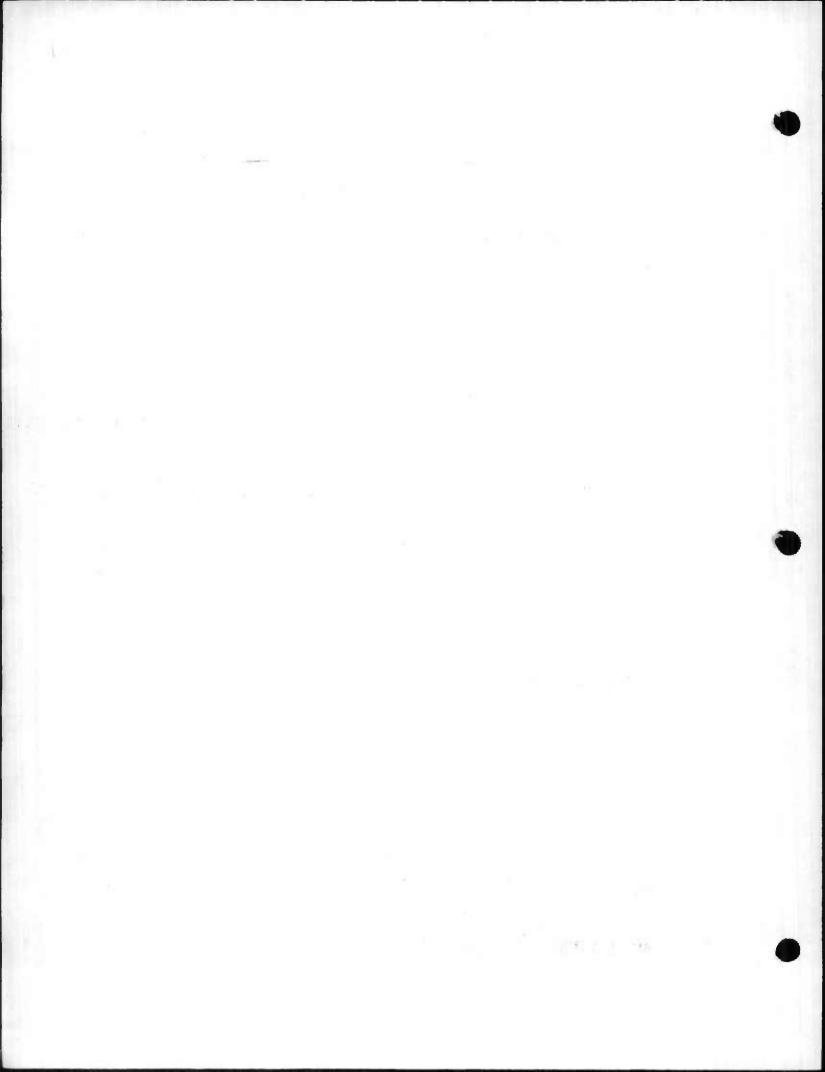
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIFIC	ALE OF DEAL	н	REG. NO.						
1. DECEDENT'S NAME (First, Middle, L.	Eliason	Sche	R	14	TE OF DEATH	199%	3. TIME OF DEATH CST 7A M				
4. SOCIAL SECURITY NUMBER		(2)	UNDER I YEAR IF UNDER	MIN,	BIRTH Sarb 2	S. BIRT Coun	HPLACE (State or Foreign try)				
214-22-1913	1 🗆 M 2 🔏 F	69 YRS.	27	-0	5-4-4		MARYLAND				
90. FACILITY NAME (If not institution, g 20723 EWIN		91	PREST	D/V	96. 0	Y A	DUNE				
10a. STATE 10b. COI	BALTIMO		OWN OR LOCATION EVENSO	V			10d. INSIDE CITY LIMITS? 1 YES 25 NO				
100. STREET AND NUMBER 10840 87	EVENSON	RD	101. ZIP CODE	153	10g.	U.S	• A •				
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 K MO	13. WAS DECENDENT O	F HISPANIC ORI I, Mexican, Puer Specify:	OIN? (Specify Yee or No- to Rican, etc.)	- 14. RAC Blac Spe	E — American Indien, ck, White, etc. City: WHITE				
15, DECEDENT'S (Specify only highest of		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	r done during most of working	7	16b. KIND OF BUSINESS	INDUSTRY					
Elementary/Secondary (0-12)	College (1-4 or 5+) 5+				OLINI HON	173					
17. FATHER'S NAME (First, Middle, Last		HOUSEW]	7	ER'S NAME (Fin	OWN HON st, Middle, Meiden Surnam						
EDWARD		ASON		SARA		MARM	ER				
19e. INFORMANT'S NAME (Type/Print)			ODRESS (Street and Number		umber, City or Town, State	Zip Code)	21117				
ROBERT SCHER	- SON	2412 V	ELVET VAL	LEY W	AY OWING	GS M	ILLS, MD				
20e. METHOD OF DISPOSITION XX Burlel 2 Cremetion 3 4 Donation 5 Other (Specify)	Removal from State	Utilot piece)	ON (Name of cemetery, crem		/96 20c. LOCATION REISTER						
21. SIGNATURE OF FUNERAL BERVIC	LUCKSEE		22. NAME AND ADDRES	S OF FACILITY	Col Lovi	naon	& Bros., Inc				
A//INhow	15 MINI		8900 Pa	atoxat			ville, MD 212				
disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ARRABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
25. WAS CASE REFERRED TO MEDICA EXAMINER?			26. PLACE OF D	EATH (Check onl	y one)						
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		THER:	sidence 6 🗆 C	Other (Specify)						
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (28d.	DESCRIBE HOW INJURY	OCCURED					
Natural 5 Pending Investigat			M 1 YES 2								
3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
(Ornoon oray	29e. CERTIFIER (Check only (Ch										
29 MEDICAL EXA		Denut	El	ed at the time, of		DATE SEGNE					
30. NAME AND ADDRESS OF PERCO	N WHO COMPLETED CAUSE OF DE	ATH (ITEM 27-G/po, P)	(690 L	ENT	ON MD	210	529				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE									

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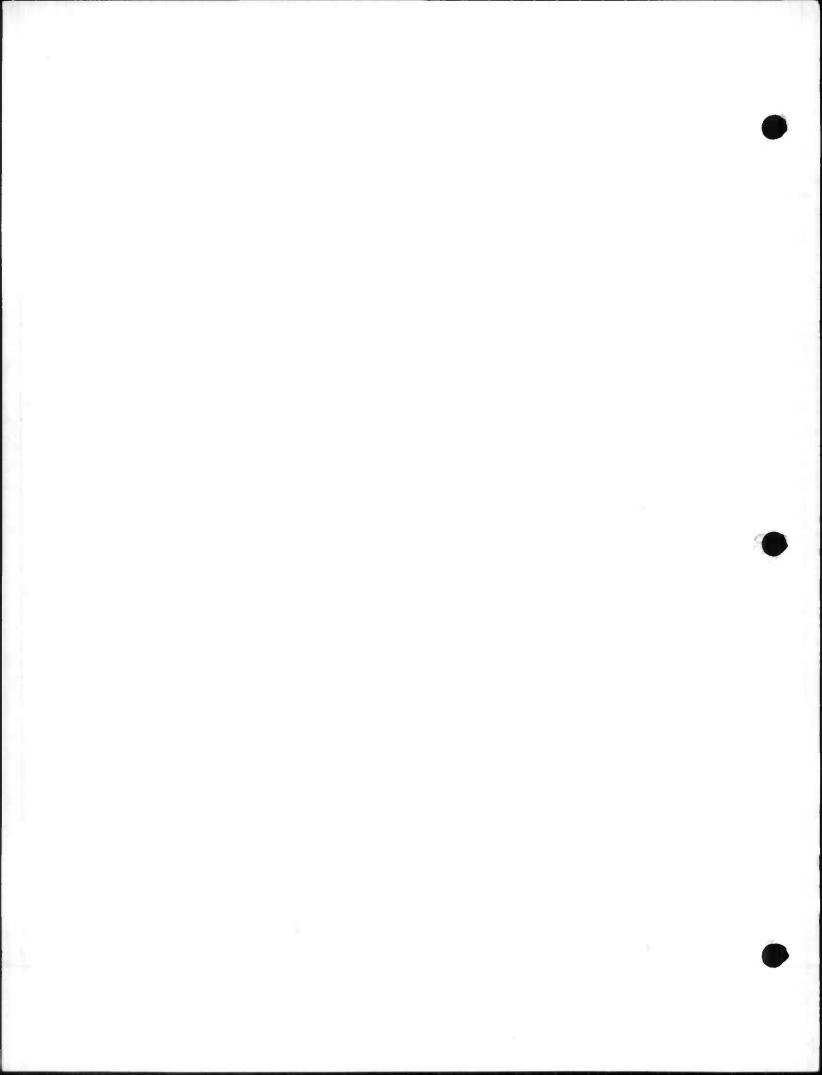
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be netified at once.

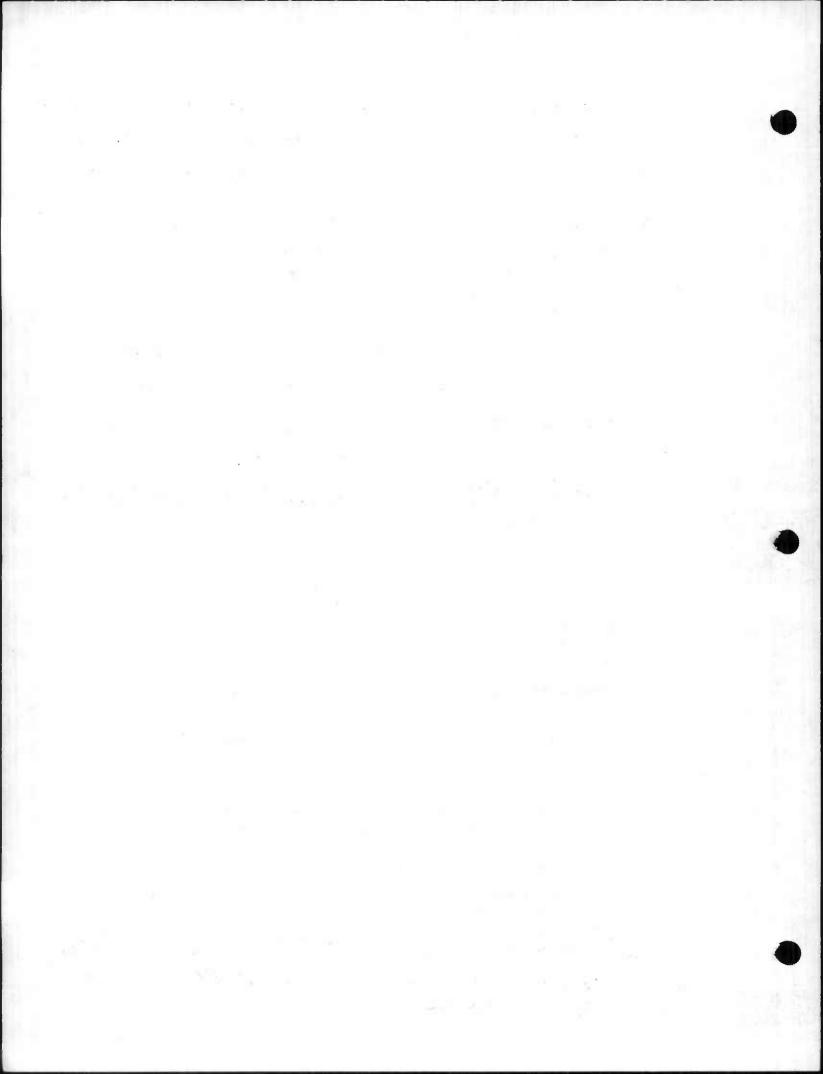
	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / D CEF	EPARTM RTIFIC	ENT OF H	EALTH DEAT	AND I	MENTA	L HYGIEN				
10	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH			3. TIME OF DEAT	н
	JANICE		S	SAPPER	RSTEIN			AUG.	6, 8	~ 1996	EAR	9:10 a	1 м
	4. SOCIAL SECURITY NUMBER		E (In yrs. last bi		UNDER 1 YEAR	IF UNDER	24 HRS. MIN.		OF BIRTH	6.	BIRTH	PLACE (State or For	eign
1	129-14-0177	1 🗆 M 2 🔀 F	67	YRS.	THIS DAYS	HOURS	MIN.	OCT. 27, 19					
TOR								LOCATION OF DEATH Se. COUNTY OF DEATH EMORE BALTIMORE					
DIRECTOR	10e. STATE 10b. COUNTY	BALTIMORE	1	10c. CITY, TO	OWN OR LOCAT		KESV	VILLE	5			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER				10	. ZIP CODE				10g. CITIZE	N OF W	HAT COUNTRY?	
ER	1 SLADE AVENUE	APT. 603					212	208		U	.S.	Α.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 W NO	D	If yes, sp		n, Mexica	in, Puerto Rican, etc.) Black				— American India , White, etc.	n,
0	15. DECEDENT'S EDU	CATION	18a. DECE	DENT'S USU	IAL OCCUPATION	ON		166	. KIND OF BU	SINESS/INDUS	TRY	WIIII	
E.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of work NOT use ret	done during mo lired.)	st of worldn	g						
MPL		2	PROP	RIETO	DR .			V	ENDIN	G MACH	INE		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme)												
BE	BENJAMIN	AAR AAR	ON	KANTO	DR	L	ENA		RUTH	SAP	PER	STEIN	
T0	194. INFORMANT'S NAME (Type/Print) ALYSE MARSHA — D	BORNFRIEND AUGHTER			REEN ME					MORE,		21209	
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Rem		0b. PLACE AND			me of		DAT	E 20c. LO	CATION - CH	y or To	wn, State	
- 3	4 Donation 5 Other (Specify)		CHIZUK		O ARL			8/8/	196 1	BALTIM	ORE	MD	-
	21. SIGNATURE OF FUNERAL SERVICE LIC	GHH.			22. NAME A			S				Bros.,]	
	23. PART I. Enter the diseases, or o	complications that caus	ed the death	n. Do not								Approxima	
	shock, or heart failure. List only one cause on each line.												
	disease or condition / // A/C- (AN/ FR MITA CTATIC												VID
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												7/5
z	- EMPHYSEMA 124R												
E	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUE	ENCE OF):		~ A .		A :	-			-	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	a KESP			Y /	711	LU.	CE				610	105
E	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUE	ENCE OF):									
CEF		d										-	
AL	PART II. Other algnificant condition				ne underlyin	cause g	iven in	Part I.	24a, WAS AN		24b.	WERE AUTOPSY FIN	
2	MASSETE	S MO	-CIIN	2				_	1 TYES 2			COMPLETION OF CO	
WE								_	/	~		1 YES 2	6
PHYSICIAN: MEDIC													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1 01		ACE OF D	EATH (Ch	neck only or	10)				
YSI	t 🗆 YES 2 🕽 🏟 ro	t 🗆 Inpatient 2 🗆 ER/O			HER: Viursing Hom	e 5 □ Re	sidence	6 🗆 Othe	r (Specify)				
표	27. MANNER OF DEATH 1. Natural 5 ☐ Pending	28a. DATE OF INJUR (Month, Day, Year		86. TIME ÓF INJURY	WC	RK?		28d. DES	SCRIBE HOW	INJURY OCCU	RED		
B	Accident Investigation	28e. PLACE OF INJU				rES 2	NO NO						
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)											
MPLE	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the same in manner as stated.												
8			tion and/or inve	estigation, in	my opinion, d	eath occur	ed at the	time, date	and place, ar	nd due to the	-ug-(n)	menner es at	sted.
BE	296 HIGHATURE AND TITLE OF CENTIFIER	in		au	2	29c, LICE	NSE NUI	C.F	2 -	294. DATE 9	Campi	(Maylor, Day, War)	
2	130 NAME AND ADDRESS OF PERSON WH		DEATH (ITEM 2	T) (Type, Prin	REEN	1,-	12.	25	DN #	-2001	20	116	0
	31. DATE FILED (Morliti, Day, Year)		U 5 O	. 01	-CG	160	1-6	/	(4)	/	34	1142	00
	AUG 1 3 1996	32. BEGISTRAR'S OF	andelle										



State of Maryland / Department of Health and Mental Hygiene 96

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						Ce	rtificate	e of	Death		F	Reg. No.	20	20099	
	Observator	,	1. Dacedent's Nema (First, Middla, Las	st)							2. Deta of Das	ith	Vaar	3. Tima of Deeth	
	Physic /Medi		FLORE	ICE	W.	S	HERR				AUG.	8, 19	996	12:30 PM	
	Exami		4a. Facility Name (If not Institution, give	a street end number)		-			4b. City, Tov	wn, or Lo	ocation of Deeth	4c. Cour	ity of Death		
	44		3230 SMITH AVEN	UE					BALT				BALTI	MORE	
1	Funeral Director		5. Social Sacurity Number 6. S 214–46–8518 Usual Residence of Decadent	ax 7. Ag □ M XXF	e (In yrs. las	t birthday) Yrs.	If Under 1 Months	1 Year Days	If Under 2 Hours	24 Hrs. Min.	8. Deta of Birth (Month, Day JULY 2	9, 190	9. Birth Cou MA	placa (State or Foreign intry) RYLAND	
	wor.		10a. Stata 10b. County		10c. City, T	own or Lo	ocation							10d. Insida City Limits	
	the Men 28a-f sh	Director	MD BALTIM 10a. Streat and Number	ORE			BA 10f. Zip (MORE			10g. Citizen o	f What Cou	1 ☐ Yas 200No	
	3a or		3230 SMITH AVENU	E			10.1 2.10		21208				U.S.A.		
21215-0020	be filed within 72 hours efter death with the Meryland that Hygiene. d other than "natural", or flams 23a or 28a-f show event, the Modical Evanties in that it is Modical Evanties.	by Funeral	11. Marital Status 1 □ Navar Marriad 2 □ Marriad 3 ☑ Widowed 4 □ Divorcad	12. Was Dacedant Armed Forcas? 1 ☐ Yas ※XX If Yas, Giva Yaar or Datas:			Was Dacede If Yas, specif			gin? (Spe Puerto	ecify Yes or No- Ricen, atc.)	14. Ri Bi	eck, Whita	ican Indien, , atc.	
9	2 hou	pet	15. Decedant's Ed	lucation	1	6a. Dece	. Decedant's Usual Occupation					16b. Kind of			
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yla	should be filed value and Mental Hygie marked other turnetic event, tr	2	IGNATZ	WE:	ISBERG				BEI	RTHA		FIS	HER		
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	is 1 and 2 of Health elitem 27 ls other trace		DR. ALLAN R. SHE	RR - SON	1001 01		VERB		ROAD	BA	LTIMORE		21209		
Baltimore,	Page net c int: If Iry or		20a. Method of Disposition 1Ă Burial 2 □ Cramation 3 □ 4 □ Donetion 5 □ Othar (Specify		cam	atary, cran	sition (Neme natory or oth RIENDS	her pled	,	8	Data /11/96		_ocation - City or Town, State		
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			23a. Pert1. Entar tha disease, or comp	lications that caused	tha deeth. I						Road Pik or respiretory arr		e, ML	Approximata intarvai Batween	
	Physician		shock, or heart failure. List only	ona causa on aach III	na.								į	intarval Batween Onset end Death	
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o.	that the death cai led by the ettendir detached for use	Physician/	Part II. Other significant conditions co	entributing to death bi	ut not resultin	ig in tha ui	nderlying cal						usa contribute to the causa of death?		
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Vital		Be C	25. Was casa referred to madical						26. Piaca	of Daath	(Chack only or	,			
		ToE	axaminer? 1 ☐ Yes No	Hospital: 1 ☐ Inpatie	nt 2□ER	/Outpatien	t 3 DOA	Oth			11	ance 6 🗆 O	thar (Speci	(fv)	
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DIVIS	PA	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicida datarmined	28a. Place of injubuilding, etc	iry - At homa : (Spacify)	, farm, str	eet, fectory,	office				81. Location (Street and Number or Rural Route Number, City or Town, Stata)			
	To the Hospital within 24 hours e To the Funeral Completely filled	edical (29a. Cartifiar (Check only one) Certifying Phy 2 Medical Exam	rsician: To the best of iner: On the basis of and mannar ste	axaminetion	dge, daath and/or inv	occurred et restigetion, in	t the tim	ne, dete and pinion, daati	l placa, a	and due to the c ed at the time, d	euse(s) end n lete and place	nanner as a, and due	steted. to the cause(s)	
	withir To th	Me	29b. Signature and title of certifier	11		1	1 "		a numbar			9d. Data sign	1		
	(1 (Xan	1/0	57	14)]	00	63	2	2 6	- august 8,1996.			
	0		30, Name end address of person who c	ompleted cause of de	eath (Itamir 23	a) (Type,	Print)	ne	c 11	7	KUDA	he	24)	08	
	Sta	to	31. Data filed (Month, Dey, Yagr)	lo. 22 Registra	J& C	PREE	NEI	/	e Vu	' /			317		
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PITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attenting physician and completely filled in by the function by the first of the physician physician and completely filled in by the function of the physician training physician and completely filled in by the function of the physician phys	here prior to burial, cremation, or re-	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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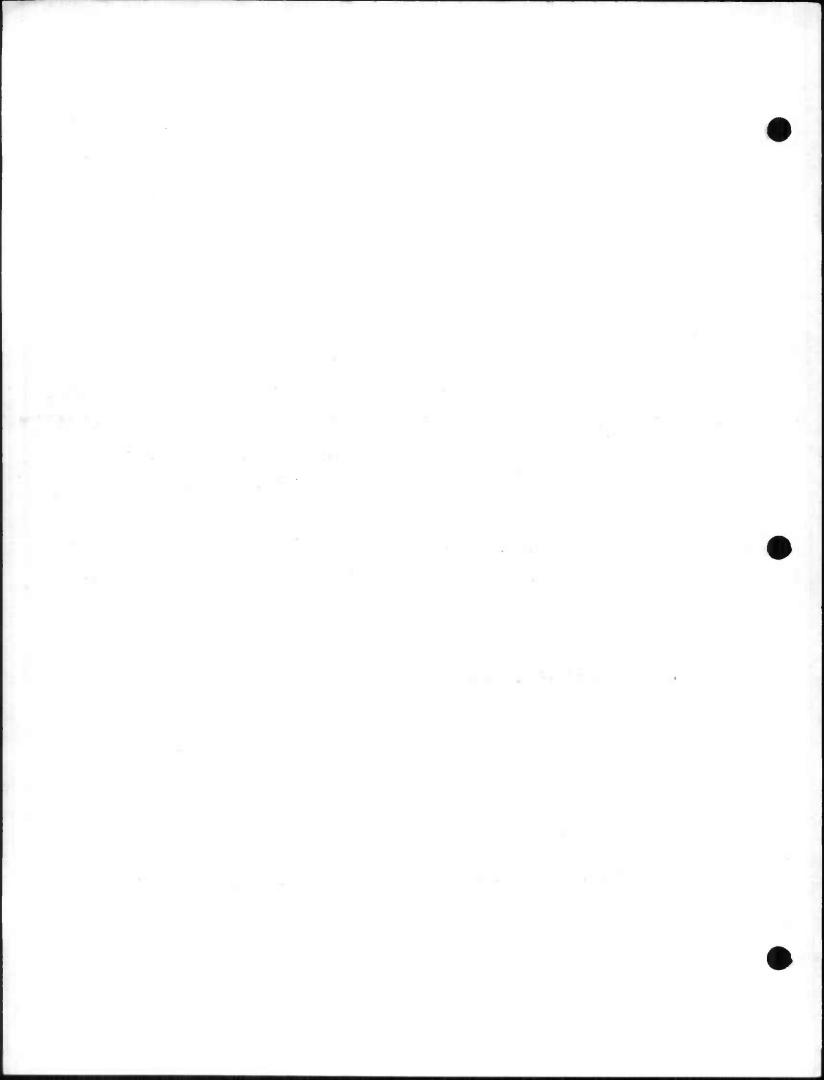
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	FOR STATE REGISTRAR	STATE OF I			RTMENT				MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last) EMILY			ST	ERN				A -1-	DAY 7	YEAR 196	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	//		IPLACE (State or Foreign
	081-01-9252	1 🗆 M 2 💢 🏋	83	YRS.	MONTHS DAYS HOURS MIN				(Month, Day, Year) MAY 3	1913	Count	ry)
	9e. FACILITY NAME (If not institution, give :	street and number)			9b. CITY	r, TOWN 0	R LOCATIO			W YORK		
87	ELLA MARIS HOSP	TCE					rows	ON		BA	т.тт	MORE
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT							014		1 56		
DIRECTOR	MD MD		UNDEL	10c. CI	Y, TOWH (OR LOCAL		TTE	DCUTTER			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	ANNE AR	TAUNDEL			104	ZIP CODE	_	RSVILLE	I son CIT	ZEN OC N	1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 308 BLUE CEDAR COURT 101. ZIP CODE 109. CITIZEN OF WHAT 21108											
N N	11. MARITAL STATUS	-	IT EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT O		IIC ORIGIN? (Specify Y	ne or No-	14 BACI	U.S.a.
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0	15. DECEDENT'S EDU	JCATION	18e. DE	CEDENT'S	USUAL O	CCUPATIO	IN .	_	16b. KIND OF B	USINESS/IND	USTRY	
<u>_</u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	- Ida		work done se retired.)	during mos	st of workin	g	110-00-00-00-00-00-00-00-00-00-00-00-00-			3.0
COMPL	2 ACCOUNTANT BOOKKEEPER ADVERTISING A									G AGENCY		
COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)											
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TO BI	In HEADMANT MANY CANADA										2011	
	NANCY STERN -	DAUGHTE	R :	308	BLU	E CI	EDAR	CT	. MILLE	ERSVI	LLE	, MD 21108
	20e, METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Plant	novel from State	20b.PLACE A cemetery, cre	matory or o	othar place!					OCATION —		
	4 Donation 5 Other (Specify)	CENSEE A	HILL	TOP			E CO		8/8/96	TOW	SON	, MD
ехашпег	th didnisting of Foneing Service as	Tay	4W		- "				nson & Bro	ns 1	Inc.	21208
		/			8	900	Rei	ste	erstown	Road	Pik	esville, N
200	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.									Approximata Interval Between		
	IMMEDIATE CAUSE (Final										Onset and Death	
2	disease or condition a. CARCINOMATOUS MENING LTS DUE TO (OR AS A CONSEQUENCE OF):								6mos.			
CAGIL!	DUE TO (OR AS A CONSEQUENCE OF):									16		
N N	Sequentially list conditions,	b. DICE	MOD AS A CONSEC	CO			-					16 yrs.
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING											
TIFIC	CAUSE (Disease or Injury	C. DUE TO	(OR AS A CONSEC	DUENCE C	NF):							
H	that initiated avanta resulting in death) LAST											
S S	PART II Color de la latera de la distancia de											
MEDICAL	PART II. Other algorificant condition			reaulting	In the u	nderlying	g cauaa g	jivan in	PERF	N AUTOPSY DRMED?	248	AVAILABLE PRIOR TO
	CONB CANC		V13						1 YE\$	2X NO		OF DEATH?
: MEDIC									April 1			1 TES 2 NO
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	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	B:			37	TT = 2		
BY PHYSICIA	1 VES 2 NO	1 inpatient 2	ER/Outpatient 3	DOA 28b. Til		rsing Hom 28c. INJ		sidence		Hospi		
4	1 Natural 5 Pending		JURY	WO	RK?	T NO	28d. DESCRIBE NOV	r INJURY OC	CURED			
	2 Accident Investigation							YES 2 NO Street and Number or Rural Route Numb				Brute Number
TED	3 Suicide 8 Could not be determined 286. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number of City or Town, State)								0.1010	10010 11011001,		
COMPLETED	29e. CERTIFIER	ICIAN: To the heart	d one beautiful at 1	eth coo		Alma del	and ct-		do the second second			
MP	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only) MEDICAL EXAMINER: On the basis of examination and/or investigation. In my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										a) and manner se stated	
§ 8	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner ea attainment.											
O BE COMPLE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Morith, Day, Year)										(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								242		/	176	
1.	W. TOME AND ADDRESS OF PERSON W	10 COMPLETED CAL	SE OF DEATH (ITE	m 41) (1)/p	o, rint)							

KENDALL FAULKNER, M.D. C/O STELLA MARIS

31. DATE FILED (MORITIN, Day, Veor)

AUG 1 3 1996

TOWSON, MD



9. Birthplace (Steta or Foraign Country)
Maryland

10d. Inside City Limits

	This is black indelible into 7,000are 7	in oopico Aic Ecgio	TO:
State of	Maryland / Department of Health and N	Mental Hygiene 9 (5 2390
	Certificate of Death	Reg. No.	
1. Decedent's Neme (First, Middle Last) DEMETRA BESSIE	SPVRLOCK	2. Data of Death A Month VST Dey	3. Time of Deal

Physician /Medical Examiner

4e. Facility Name (If not institution, giva street and number) HATRISOR HOSPITAL CENTER 7. Age (In yrs. last birthdey) | H Under 1 Yeer | If Under 24 Hrs. | 8. Deta of Birth (Month, Dey, Year) | May 10, 1927

BALTIMORE

3 Time of Death AVG VST Dey 08 1906 4-05 P.n

4b. City, Town, or Location of Deeth

4c. County of Death BANTIMORE CITY

Funeral Director

the Marylend 28a-f show ò

Director

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Completed

Be

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items 23s filed within 72 hours effer ŏ "natural".

traumstic event, the Medical Examiner must be notified at permit. Pages 1 and 2 should be filed within 7/ Department of Health and Mental Hygiane. Important: If item 27 is marked other than "na any injury or other traumatic svent, the Media

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

or Attending Physicien: The law requires that the death certificate be signed by the all certificate this deeth. after deeth Director: 2 To the Hospital o within 24 hours aft To the Funeral Di completely filled in

Physician/Medical

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Certification:

Medical

Division of Vital Records, P.O. Box 68760,

1 □ M 2 🖾 F 218 50 5692 Usual Residence of Decedent 10e Steta 10b County Maryland Anne Arundel 10e. Streef and Number 414 Holy Cross Road 12. Was Decedant Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Detas: 1 Nevar Married 2 Merried 3 ☐ Widowed 4 ☐ Divorced Elementary/Secondary (0-12) 10th 17. Fether's Neme (First, Middle, Last)

10c. City, Town or Location Baltimore 10f. Zip Code

1 ☐ Yes 2 ☑ No 10g. Citizan of What Country? U.S.

21225 13. Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.)

14. Rece - Amarican Indien, Bleck, White, etc. Specify: White

15. Decedant's Education (Specify only highast grade completed) College (1-4or 5+) 16e. Decedent's Usual Occupation Give kind of work dona during most of working life. DO NOT use ratined)

22. Neme end Addrass of Facility

Home Maker

Cedar Hill Cemetery

1 Yas 2 XNo Specify:

16b. Kind of Business/Industry Own Home

Baltimore, Maryland 21225

18. Mother's Neme (First, Middle, Meiden Sumema) Smetanovsky Sophia

John Christopolus 19e. Informent's Neme/Reletionship (Type, Print)

19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

William Spurlock / Husband 414 Holy Cross Road 20e. Method of Disposition 20b. Piece of Disposition (Neme of cematary, crematory or other plece) 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Steta

20c. Location - City or Town, State

8/12/96 Baltimore, Maryland Gonce Funeral Home P.A.

21. Signature of Funeral Service Licensee ramirouski

4001 Ritchie Highway Baltimore, Md.

23a. Pert1. Enter the disease, or compositions that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line.

Approximata Intervel Between Intervel Between Onsef and Death

Immediate Cause (Final diseasa or condition rasuiting in death)

Sequentially list conditions, if eny, leading to immediate cause. Enter Undarfying Cause (Diseese or injury that initiated events resulting in deeth) Last

ACUTE RENAL

ONE DAY

4 ☐ Donetion 5 ☐ Other (Specify)

TWO YEARS

Due to (or es a consequence of):

Part II. Other significant conditions confributing to death but not resulting in the underlying causa givan in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

SEPSIS ANASARCA

24e. Wes an eutopsy performed?

24b. Were eutopsy findings available prior to completion of cause of death?

Yas 2 No 28. Piece of Deeth (Check only one)

1 ☐ Yes 2 No

25. Was case refarred to medical 1 Yes 2 No

27. Menner of Death 5 Pending investigetion 1 Neturei 2 Accident

6 Could not be determined

Hospitel: 1°54npatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year)

28c. Injury et Work?

1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

29a. Certifier

3 Suicide

4 - Homicide

To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et tha time, dete and plece, and due to the cause(s) and mannar stated.

29b. Signeture end title of certifier

PGY-I INT. MEDICONE

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

29c. License number AS#2441614-14 AVGUST

29d. Data signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

3001 S. HANOVER STREET

1996

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)
SVDKDR KVMRR AC, GRRWAL, MARKSOK HOSPITAL CENTER,

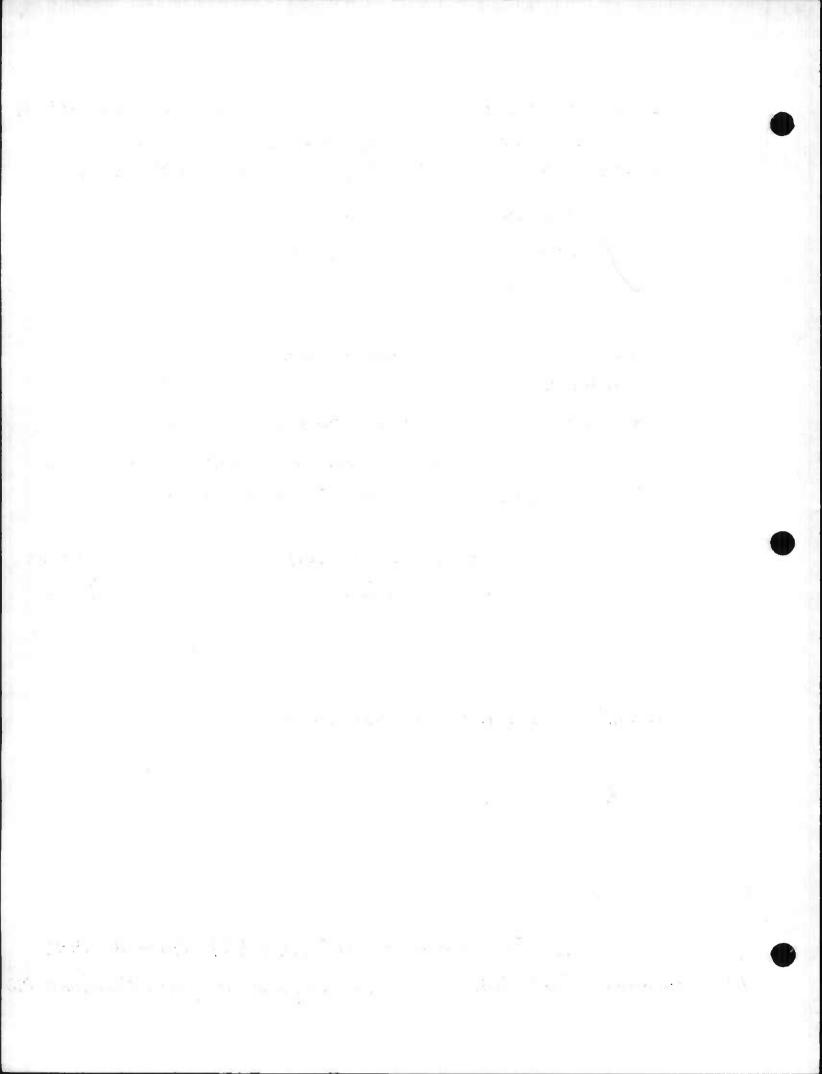
31. Dete filed (Month, Day, Year) AUG 13 1996

Ta Hagistrar's Anathens

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificat	e of	Death		F	Reg. No.		
	Disc.		1. Decedant's Nama (First, Middla,	_							2. Data of Dea	ath	Vac-	3. Time of Death
	Physic /Medi		JOHN SHA	ARPLEY	JR.						AUG	I O	1996	6:09 PM
	Exami		4a. Fecility Nema (If not institution,	give street end nun	nber)				4b. City, To	wn, or Lo	cation of Death	4c. County		
			THE JOHNS HOPKI		TAL				BALTI		CITY	n,	/a	
	Funeral Director		5. Sociel Security Number 212–32–8853	S. Sex My M 2□ F	7. Age (in yrs.	last birthday, 62 Yrs.	If Unda Months	Days		24 Hrs. Min.	8. Data of Birth July I),1934	9. Birthple Count Mary	aca (State or Foreign ry) Land
	pu »		Usuai Rasidance of Decedent 10e. Steta 10b. County		10a Ci	ty, Town or L	nation						1.00	4 - 4 - 6 - 11 - 5
	Be-f sho	Director	W VA Mine	ral Co.	100. 01	Keyser								0d. inside City Limits 1 ☐ Yas 2 ☐ No
	eth with the	rai Dire	HC 72 Box 38	86			10f. Zip		26726				Whet Count SA	ry?
21215-0020	be filed within 72 hours efter deeth with the Meryland ntal Hygiene. **natural*, or flems 23s or 28s-f show event, the Medical Exertines must be recitied as	by Funeral	11. Maritel Status 1 □ Nevar Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	Armed For	2 □ No a	,S. 13.	Was Dece if Yas, spe 1 ☐ Yas				ecify Yas or No- Rican, atc.)	14. Rad Bla Specif	ce - Amarice ck, Whita, a V: Whit	itc.
5-0	72 ho	Completed	15. Decedant's (Specify only highast			16a. Dece	dant's Usu	ai Occu	pation	t of work	ina	16b. Kind of B	usinass/ind	ustry
21	within jene.	nple	Elamantary/Secondary (0-12)	Collaga (1	-4or 5+)				during mos ed)		,,9			
12	al Hygier other th	Co	12th	- 1		As	semb1	er	Wiring			AT		
Maryland	should be fill and Mental H marked ott umatic ever	17. Fathar's Nama (First, Middle, Last) John H. Sharpley Sr. 18. Mother's Name (First, Middle, Maidan Surmama) Hill							na)					
lar	2 sho end is me	ľ	19a. informant's Name/Relationship	o (Type, Print)							al Routa Numbe		Stata, Zip	Coda)
Baltimore, N	of Health item 27		Olive Sharpley		1201				6 Keys	ser V	V VA. 26			
	Peges 1 and 2 should tent of Health end Mer nt: If Item 27 Is marke iry or other traumatic		20e. Method of Disposition 1. Burial 2 □ Cramation 3 4 □ Donation 5 □ Othar (Spe		Stata	Place of Dispo cematery, cre rrison	metory or o	othar pl	•	7 8/	Dete /14/96	20c. Location		wn, Steta
Balt	permit. Peges Department of Findontant: If its any injury or of once.		21. Signature of Funaral Sarvice Llo		1	// /	onno1	1 17	ass of Facili	ty	omo of I	recov		
			23a. Part1. Enter the disaasa, or co	omplications that co	aused tha daa	n Do not an	00 Ma	Ce a of dy	Ave. I	Salti cardiac	more Mo	1. 2122	1	Approximete Interval Batween
	Physician		Onsat and Deeth											Interval Batween Onsat and Deeth
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	Examiner		rasulting in daath)	a		or as s conse								24 hrs Years
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68760,	physi the	edicai	that initiated avants Dua to (or es a consequance of):										i	
×	ding Se es	3	d										j	
Bo	death certifi e attending ed for use es	clar												
0	0 0 0	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute 23b. Did tobacco use contribute 1 Yes 2 No 3 P											
S, P		by P	Chronic 06	strict	1 ve	Airc	004	L)isea	se	. ""	198 2 140	3 1100	aby 420 Onknown
Records	been s	Completed k					0				24a. Was perfor	an autopsy med?	ava	ra autopsy findings Ilable prior to apletion of cause leath?
Re	The lew ate hes b page 2 s	dmc									101	as 200 No		Yas 2□ No
Vital	dclan: The certificate rector, pag	0	25. Was casa rafarred to medical						26 Piece	of Deat	h (Check only o			1 Tas 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Physician: this certific	To B	axaminar? 1 ☐ Yas 2 ☑ No	Hospitai:	npatient 2 🗆	ER/Outpatle	nt 3 DC	DA O	ther:		me 5□ Rasio		ar (Specify	1
1 0	g Ph		27. Manner of Death	28e. Dete o		28b. Tima d		28c. Inje			28d. Dascribe h			
sion	eath. or: After the fune	atio	1 ☑ Naturai 5 ☐ Panding 2 ☐ Accident invastigat	tion	i, Day rear)	injury	М		Yas 2□	No				
ž,	110	ertification:	3 ☐ Suicide 6 ☐ Could not datarmine	ed Zea. Place	of injury - At h	oma, farm, st	reet, factor	y, office			28f. Location (S City or Tow		ber or Rural	Routa Number,
9	BEAS	Cer												
(edical	29a. Cartifiar 1 Certifying (Check only one)	Physicisn: To the laminsr: On the ba and mann	sis of examina	wiedga, daat tion and/or in	h occurred vastigation	at tha t	ime, date an opinion, daa	d place, th occurr	and dua to the ded at tha tima, d	cause(s) and m data and pleca,	annar ss sta and dua to	ated. tha causa(s)
1	0.00	M	29b. Signatura end titla of cartifiar	_		1 A			se number			29d. Dete signe		
	10		Macons	2 Jea	ing SiE	ck, 1		4J	414	7	357	AUG	10,	1996
	16		30. Nema and addrass of person when Aldona Sea				Print)		U0-1	12.	11~-	امان	R-1	Himore M
	Sta	to	31. Data filad (Month, Day, Year)	32 R	distrar's Signs	00	uns)	noph	ZINS	MEST	Tal	Dal	mmore 11
	Sta Registr		AUG 13 1996	guna	CALA SICIAL	P. Marie)		•		,			



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

PETAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page to the state between the State Dept. of Health and Mental Hygiene prior to burial, certifician.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				YGIENE IEG. NO.			
į	1. DECEDENT'S NAME (First, Middle, Last)	HANNON	1			2. DATE OF	DEATH	YEAR 3.	TIME OF DEATH	
-	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year) 1 N 2 F YRS. 8. BIRTHPLAC Country) YRS.									
	9a. FACILITY NAME (If not institution, give atree	et and number)	96	CITY, TOWN OF	R LOCATION OF DI	0~ 1	96.001	INTY OF DEAT	Ryland	
HECTOR	RESIDENCE OF DECEDENT	ank fold	NA	BA	170		B	altic	more.	
5	Md. Ba. 1+	timore,		timor				1 1	Dd. INSIDE CITY LIMITS? YES 2 NO	
HAL	100. STREET AND NUMBER 207 Franklint		0+		ZIP CODE		10g. CI1	IZEN OF WHA	AT COUNTRY?	
LONEH		2. WAS DECEDENT EVER IN FORCES? 1 YES	2 KNO		NDENT OF HISPAN		pecify Yea or No—	Black, V	- American Indian, White, alc.	
בה פו	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 🗆 YES					Black	
9		rion mpleted) College (1-4 or 5+)	18a. DECEDENT'S USL (Give kind of work life. Do NOT use rel	done during most fired.)	of working	16b. KIN	D OF BUSINESS/IN	DUSTRY		
D. D.	17. FATHER'S NAME (First, Middle, Last)		Housel	UORK	18. MOTHER'S NA	ME (First, Middl	e, Maiden Surname)	TIC		
פר	James P. Barr 19a. INFORMANT'S NAME (Type/Print)	165			GEORG		Broc			
2	Mary Shannon B	banks	5720	Plaint		Apute Number (C. Balt	p Code)	M 21206	
	20a METHOD OF DISPOSITION 14 Burtal 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	il 1rom State 20b.	PLACE AND DATE OF DI elery, crematory or other p		oot	DATE	Baltin		Masuland	
1	21, SIGNATURE OF PUNERAL SEMPRICE LICEN	SEE .	3000	22. NAME AND	ADDRESS OF FA	של של	Funeral	Home	THURSH WATER	
+	23. PART L'Enfer the disesses, or com	nplications that caused	the death. Do not e	2140 N	Fultoni	Ave. B	attime A	Mar	Approximate	
1	Interval Bs IMMEDIATE CAUSE (Fine)									
	disease or condition s. MYOCALOIBL JNFBOCTION DUE TO (OR AS A CONSEQUENCE OF):									
5	Sequentially list conditions, if any, leading to immediate b. OUE TO (OR AS A CONSEQUENCE OF):									
3	cause. Enter UNDERLYING CAUSE (Disesse or Injury	HTN.	CONSEQUENCE OF):						YEARS	
L L	that initiated events resulting in death) LAST		CONSESSENCE OF J.							
7	PART ii. Other eignificent conditions of	contributing to deeth b	ut not resulting in th		csuee given in	Part i, 24s	. WAS AN AUTOPSY PERFORMED?		ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
MCDI	COPU, CUM C	Hem pour	in Carolin	mobeline	dy	10	YES 2 KNO	Of	DMPLETION OF CAUSE F DEATH? YES 2 NO	
	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL		F DEATH YES		UNCERTAIN	V 🗆				
2	EXAMINER? 1 VES 2 NO 1	IOSPITAL:	Qī	HER:	5 Residence	8 Other (Sp	ecify)			
	27. MANNER OF DEATH 1 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WOR	RY AT K7 S 2 NO	28d. DEŞCRI	BE HOW INJURY OC	CURED		
3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 5 Suicide 6 Homicide 6 Homicide 7 Suicide 7 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 8 City or Town, State) 28e. CERTIFIER 8 Check only 9 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									te Number,	
2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the ilme, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										
5	JOB H	0			D4129	7.7	≥ 8	7 - 9 -	96	
	30. NAME AND ADDRESS OF PERSON WHO CO	ITER LA	21 CMS		DR #	330	9111.		5	
	AUG 13 1996	22 TEDITIONS OF	Horse							

27 - 11. 13

State of Maryland / Department of Health and Mental Hygiene 96 23904

Funeral Director Was a lift not institution, give street and number) 4b. City, Town, or Location of Death Co. County Golden Age Guest Home 5. Social Security Number 6. Sex 10 Months Days Hours Min. (Month, Day, Year) 212 28 2439 Usual Rasidence of Decedant 10a. State 10b. County Md. Carroll Sykesville 10c. City, Town or Location Sykesville 10c. City, Town or Location Sykesville 10c. City, Town or Location 10d. Zip Coda 2338 Erin Road 21784 U.S.A.	Birthplaca (State or Foreign Country)
Medical Examiner Elizabeth Martha Schissler Aug. 8, 19 4e. Facility Nama (If not institution, give street and number) 4e. Facility Nama (If not institution, give street and number) 4e. Facility Nama (If not institution, give street and number) 4e. City, Town, or Location of Death 4c. Count 4e. Facility Nama (If not institution, give street and number) 4e. Facility Nama (If not institution, give street and number) 4e. City, Town, or Location of Death 4c. Count 4e. City, Town, or Location of Death 4c. Count 4e. Facility Nama (If not institution, give street and number) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. 8. Data of Birth (IMonth, Day, Year) 4e. Facility Nama (If not institution, give street and number) 4c. Count 4e. Facility Nama (If not institution, give street and number) 4e. Facility Nama (If not institution, give street and number) 4e. City, Town, or Location of Death 4c. Count 4e. City, Town, or Location of Death 4e. City, Town, or Loc	996 4:30 P. M. by of Death COLL 9. Birthplaca (State or Foreign Country) MD 10d. Insida City Limits
Funeral Director 4e. Facility Nama (if not institution, give street and number) 4b. City, Town, or Location of Death 4c. Count Sykesville Carr Funeral Director 4b. City, Town, or Location of Death 4c. Count Sykesville Carr And (in vis. last birthday) If Under 1 Yeer Months Days Hours Min. (Month, Day, Year) Proceeding Aug. 5, 189	y of Death Oll 9. Birthplaca (State or Foreign Country) MD U.S.A. 10d. Insida City Limits
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Usual Rasidence of Decedant 97 Aug. 5, 189	9 U.S.A. 10d. Insida City Limits
Usual Hastoence of Decedant 10a. State 10b. County 10c. City, Town or Location Md. Carroll Sykesville 10e. Street and Number 10f. Zip Coda 10g. Citizan of 2338 Erin Road 21784 U.S.A.	
Md. Carroll Sykesville 10e. Street end Number 10f. Zip Code 10g. Chizan of 2338 Erin Road 21784 U.S.A.	
10g. Chilzan of 2338 Erin Road 21784 U.S.A.	I LI TES ZUE NO
2338 Erin Road 21784 U.S.A.	What Country?
5 % a 2550 EIIII ROAG 21764 U.S.A.	
11. Marital Status 12. Was Decedant Ever in U.S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No- If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Re	ce - Amarican Indian,
Armed Forces? If Yes, specify Cuban, Maxican, Puarto Rican, atc.) Ble Armed Forces? If Yes, specify Cuban, Maxican, Puarto Rican, atc.)	ack, Whita, atc.
Specify: Specify:	nite
Secondary Seco	Business/Industry
15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Education (Specify only highast grade completed) 16b. Kind of Education (Specify only highast grade completed) 16c. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratified) 17. Fethar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Suman 18. Mothar's Nama (First, Middla, Maidan Suman 18. Mothar's Nama (First, Middla, Maidan Suman 18. Mothar's Nama (First, Middla, Maidan Suman 18. Mothar's Nama (First, Middla, Maidan Suman 18. Mothar's Nama (First, Middla, Maidan Suman 19a. Informant's Name/Ralationship (Type, Print) 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town 2338 Erin Road Sykesville, Md. 20a. Method of Disposition 19a. Vigurial 2 Cremation 3 Ramovel from State	
Note: The second of the second	
Elemantary/Secondary (0-12) Collega (1-4or 5+) Domes Homemaker Domes 17. Fethar's Nema (First, Middla, Last) Frederick Hintze Unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town	me)
Frederick Hintze Unknown	
19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town	
Paul F. Schissler 2338 Erin Road Sykesville, Md. 20a. Method of Disposition 20b. Place of Disposition (Nama of camelary crematory of other place) 20c. Location	
20a. Method of Disposition 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20c. Location 20b. Place of Disposition (Nama of cemetary, crematory or other place) Lorraine Park Cemetery 8/12/96 Ba	- City or Town, Stata
20c. Location 20d. Method of Disposition 10c	Itimore
1分配 2 Cremation 3 Ramovel from State 4 Donation 5 Other (Specify) Lorraine Park Cemetery 8/12/96 Bar 1/2	Home
23a. Part1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.	21784
23a. Part1. Enter the disaasa, or complications thet caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or head failure. List only one cause on each line.	Approximata Intarval Batween
Physician Medical Immediata Causa (Final 1. (a.e. = 0. T. C.)	Onset and Death
Medical Immediata Causa (Final disease or condition as Althurs Clothe Carolina disease or condition resulting in death) a. Althurs Clothe Carolina disease or condition	1040
Dua to (or as a consequence of):	
B E E Cayelle Hall raille	245
Dua to (or es a consequence of): Sequentially list conditions, if eny, leading to immediate cause. Entar Underlying Cause (Diseasa or Injury that initiated evants resulting in death) Last Dua to (or es a consequence of):	
Course (Disease or Injury that initiated evants resulting in death) Last Dua to (or es a consequenca of):	
You was an autonomy and the standard of the st	ontribute to the cause of death?
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobsecto use of 1 Yes 2 No	3 Probably 4 Unknown
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
24a. Was an autopsy performed?	24b. Wara autopsy findings available prior to
	completion of cause of death?
Polyton Polyto	1 □ Yes 2th No
25. Was casa rafarred to medical 26. Place of Death (Check only one)	
Hospital: Hospital: 4 Dispetient of FR/Outpetient of Doc Other: 4500 Doc Other:	her (Specify)
	rred
1 Inpatient 2 EMOUtpatient 3 DOA 4 EMUrsing Homa 5 Hasidanca 6 DOI	
27. Manyer of Death 28a. Data of Injury 28b. Time of Work? 28d. Dascribe how injury occu (Month, Day Year) 1 DNatural 1 DNatural 28d. Dascribe how injury occu	
27. Manyer of Death 28a. Data of Injury 28b. Time of Work? 28d. Dascribe how injury occu (Month, Day Year) 1 DNatural 1 DNatural 28d. Dascribe how injury occu	ber or Rural Routa Number,
27. Manyer of Death 28a. Data of Injury 28b. Time of Work? 28d. Dascribe how injury occu (Month, Day Year) 1 DNatural 1 DNatural 28d. Dascribe how injury occu	4, 3, 3, 6, 6, 8
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The state of the s	nannar as ststed.
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Thin patient 2 = Expoulpatient 3 = Dot 4 Sec. Injury S	nannar as ststed. , and dua to tha cause(s)
Name of Death Company	nannar as ststed. , and dua to tha cause(s)

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State of Maryland / Department of Health and Mental Hygiene 96

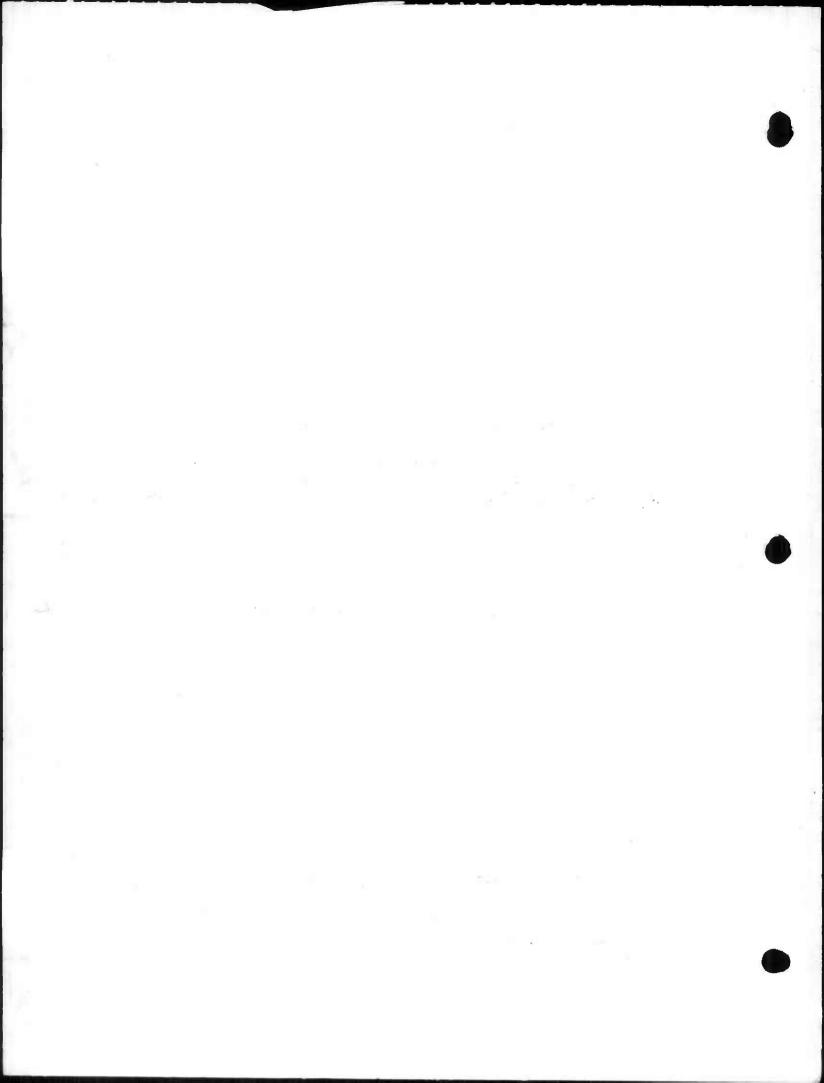
						Ce	ertificate	of	Death			Reg. No.			
	Discontin		Decedent's Neme (First, Middle	e, Last)							2. Data of Do Month		Voor	3. Tims of Death	
	Physic /Medi		Robert	William			TERZ:	IU			August	8 ^{Dey} 19	96	4:31 a.m	
8	Exami		4e. Fecility Nama (If not Institution	n, give street and nur	mber)				4b. City, To	wn, or L	ocation of Dee	th 4c. County	of Death	1	
			Franklin Squar	e Hospita	1				N/A			Balti	more	County	
	Funeral		5. Sociel Security Number	6. Sax		. lest birthdey) If Under	Yaer Deys	If Undar Hours	24 Hrs. Min.	8. Dete of Bi (Month, D	rth ev. Year)	9. Birth	npleca (Ststa or Foreign	
١.	Director		216-74-2483	1 G/M 2□ F	37	Yrs.			11111		March	17, 1959	Mar	yľand	
	pu *		Usuel Residence of Dacedent 10a. Stete 10b. County		10c. C	ity, Town or L	ocation							10d. Inside City Limits	
	Aaryti F sho	ō												1 ☐ Yas 2 ☐ No	
the rout	Directo	10e. Street and Number	imore		Balti	10f. Zip (Codo				10g. Citizen of	Mhat Car	Λ		
	3a or													antry	
	ma 23	Funeral	9805 Avro Road	12. Wes Dece	edant Evar in I	US 13		122		iolo2 (Sr	pecify Yes or N	U.S.		ican Indian.	
	o iffer of	Fun	1 Never Merried 2 Never Merried	Armed Fo	rces?	10.	If Yes, speci	fy Cub	an, Maxicar	n, Puarto	Rican, atc.)		ck, Whita		
15-0020 172 hours after death with the Manjand 18 thous after 28 or 28s-f show tolcal Evairing must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes Giv	/a		1 ☐ Yes 2	⊠ No	Specify:			Specif	v: Wh	ite		
	ted	15. Deceden	t's Education		16a. Dece	edent's Usuel	Occur	pation			16b. Kind of B	usiness/i	ndustry		
21	- 3	Completed	Elementery/Secondery (0-12)	st grade completed) College (1	1-4or 5+)	life.	edent's Usuel e kind of work DO NOT use tructi	oretire	during mos d) Mooloo	or won	ang I				
7	D D	Con	8th grade			Cons	Clucci	OII	Cab D			Cab Co	mpan	У	
<u>P</u>	0 = 0 5	Be	17. Fether's Neme (First, Middla,	Last)					18. Mothe	ar's Nam	a (First, Middle	, Meiden Sumen	ne)		
Marylai d 2 should b ith and Mente 7 is marked traumatice	70	Victor Patrick	Terziu _					Eliz	abet	h Fuge	t				
		19e. Informant's Neme/Relations			19b. Meil	ing Addrass	(Street	snd Numbe	er or Ru	ral Routa Numb	per, City or Town,	Stete, Z	ip Code)		
		Elizabeth Terz	iu (Mothe					ay, B	alti	more, 1	ore, Maryland 2		05		
9	altimore, I mit. Pages 1 and partment of Healt cortant: If New 27 7 injury or other 8		20a. Method of Disposition 1 ☐ Burial 2 Cremetion	3 □Removel from		Pleca of Disp cematary, cre	osition (Nemi em <i>atory or</i> oth	e of ha <i>r pl</i> a	ce)		Dste	20c. Location	- City or T	Town, Stata	
Pag ment ment: h	4 □ Donetion 5 □ Other (Spacify) Green Mount Crematory 8-1										Baltimo	re,	Maryland		
Bai	Datumore, pemit. Pages 1 ar Department of Heal Important: if Item 2 eny injury or other		21. Signatura of Funaral Service	Licensee	_	2	2. Name end Schimu	Addre	Fune	ra1	Home			15	
	00500		· Kell	09								ore, Mar	ylan	d 21213	
			23a. Pert1. Enter the disease, or shock, or heart feilure. List	complications that conly one cause on e	aused tha dea	ath. Do not en	nter the mode	of dyl	ng, such as	cardlac	or respiretory	errest,		Approximsta Intervsi Between	
	Physician		Immediate Cause (Final Hypoxia												
	/Medical Examiner		Immediete Ceuse (Finel diseese or condition resulting in deeth)	Hypox:	ia								į-	75 minutes	
		100	Due to (or es e consequence of):												
	nsit	듄	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underfying											85 minutes	
,	and nand	Exal													
68760,	sicla bur													7 days	
9	certificate be executed ding physician and se es the buriel-transit	edical	rasulting in deeth) Last Due to (or es a consequenca of):												
Box	andin use	M/L		d. Endoca	arditis	3							- 17	7 days	
	ires thet the deeth or signed by the atten d be detached for u	Physician	Pert II. Other eignificant condition		23b Did	tobacco una co	ntribute	to the cause of death?							
P. O.	that the ed by th detachk	hy		_								Yee 2□ No	bacco use contribute to the cause of death' 2 No 3 Probably 4 Unknow		
S,	gned be de	by	Intravenous Dr	ug Abuse											
D D	v requires been sign should be										24e. Wes	en autopsy ormed?		Vere autopsy findings valiable prior to	
Vital Records,	2 S W	ple									, , ,		0	ompletion of cause of desth?	
Ť	0 - 5	Completed									10	Yes 2 No	1	□Yas 2□ No	
Ta	or,	Be	25. Wes case referred to medical exeminer?						28. Place	of Dee	th (Check only	one)			
6	Physical r this cer and direc	2	1 ☐ Yes 2 ☑ No			ER/Outpatie		_	4 🗆 140	irsing Ho	ome 5 Res	ldenca 6 □Oth	er (Spec	eify)	
Ē		ü	27. Manner of Death 1 ☑ Neturel 5 ☐ Pendin		of Injury h, Dey Year)	28b. Time of Injury		c. Injui			28d. Describe	how Injury occur	red		
Sic	Attending or death. sctor: Afte by the fund	cat	2 ☐ Accident Investig 3 ☐ Sulcide 6 ☐ Could i	not be			М		Yes 2	No					
Division	after of Direct I in by	Certification:	4 ☐ Homicide determ	ined 286. Placa	of Injury - At I	noma, farm, st <i>ify)</i>	raat, factory,	office			City or To	wn, State)	oer or Hui	ral Route Number,	
_	hours a meral by filled		29e. Cartifier 1⊠ Certifvin	a Dhualalan. Ta the	hast of my lin			A Al A2-		4 1					
	2762	edical		g Physician: To the Examiner: On the ba end mann	isls of axamin	etion end/or Ir	n occurred envastigetion, I	n my c	ne, deta an pinion, dea	ith occur	red at the time,	date end place,	and dua	steted. to the cause(s)	
1	omple of	Me	29b. Signatura and title of cartifia		ior stoted.		29c.	Licens	a number			29d. Data signe	d (Month	Dav. Year)	
	JA° I		Detord	Amo	SM	1 1	T	0507	745			8/	8/	96	
1			30. Name end eddress of person	who completed cause								- /	_/_		
	3		Dominique Toed			dridge		1	Laure1	. 1MT	D 2078	4			
	Sta	te	31. Dete flied (Month, Dey, Year)							, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2070				
	Registr		AUG1 3 1996	0	16.10	_									

IN THE MESTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked, or lifem 23 shows any injury, or other traumatic event, the medical examinar must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

-	11200011111												
,	1. DECEDENT'S NAME (First,		DRIDGE	TH	OMP	102	V			2. DATE OF DEATH	NY	996	8:07 PM
	4. SOCIAL SECURITY NUME			AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH		S. BIRTNP	LACE (State or Foreign
	212-07-1710		1 XM 2 TF	79	YRS.	MONTHS	DAYS	HOURS	MIN.	JAN. 30, 1			VIRGINIA
	98. FACILITY NAME (If not in		- TAGE			96. CITY		OR LOCATI		ATN	9c. GOU	NTY OF DE	
DIRECTOR	ST. AGNES H		<u>П</u>				B/	ALTIM	IORE			N/A	1
4	10s. STATE	10b, COUNT	1		10c. CITY	, TOWN	OR LOCAT	TION					10d, INSIDE CITY LIMITS?
5	MARYLAND	BA	LTIMORE			BALT	'IMOI	RE					1 - YES 2 X NO
A	10e. STREET AND NUMBER						10	. ZIP COD			10g. CIT		HAT COUNTRY?
	1080 ELM RO	AD							.227			U.S.	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 X	Married	12, WAS DECEDENT E FORCES? 1	YES 2 1	NO		If yes, sp	ecity Cubs	in, Maxica	IIC ORIGIN? (Specify Yes n, Pusrio Rican, atc.)	or No-	Black,	- American Indian, Whits, etc.
R	3 Widowed 4 Dive		1942 - 1				1 TYES	2 A NO	Specify	<i>r</i> :		Specify	WHITE
		EOENT'S EDU			CEDENT'S					16b. KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (I	ly highest grade 0-12)	College (1-4 or 5+)	#fe	live kind of v . Do NOT us	e retired.)	aunng mo	ost or worki	ng				
7	12		MA	TERI	AL (CONTR	ROL	1	IANUF	ACTU	RING		
COMPLET	17. FATHER'S NAME (First, A							ME (First, Middle, Maiden	Surname)				
BE		HOMPSO)N						IARTH				
0	19s. INFORMANT'S NAME (N / 11TEE							Route Number, City or Tow			7
	LOIS JANE T		N / WIFE	_					YL I II.	ORE, MARYI	CATION	City or Tow	en Stele
	20b. METHOD OF DISPOSITION 1 Deurisi 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery or other place) LOUDON PARK CEMETERY 1996 BALTIMORE, MA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LOUDON PARK FUNERAL HOME											1ARYLAND	
												6.0	
	3620 WILKENS AVENUE, BALTIMORE, M										MD 21229		
	23. ART). Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart eliure. List only one cause on each line.											Approximate interval Between Onset and Death 2 hys ,	
	reaulting in death) DUE (OR AS A CONSEQUENCE OF):												
z	Sequentially list conditions. Coronary artery disease												
	Sequentially list conditions, if any, leading to immediate												1
RTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Congestive heart failure Due to (or as a consequence of): Coronary avery disease Due to (or as a consequence of): Coronary avery disease Due to (or as a consequence of): Left venta cuts of the condition of the consequence of th												
	that initieted events reaulting in death) LAS	т	4										
빙			d,								/ 200		
8	PART II. Other aignific		bustive /		_		4	_	given in	Part I. 24s. WAS AN PERFO			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
			at reject		1	474	- to	<i>nc</i>)		1 YES :	2100		OF DEATH?
Σ	DID TOBACCO L				TLI VI	S 🗆	NO F	7 LING	CERTAII	NICO			1 TYES 2 THO
A	25. WAS CASE REFERRED		KIBOTE TO CAO.		CE OF DEA				CERTAII				
Sic	EXAMINER?		HOSPITAL:	R/Outpetlent	3 🗆 DOA	OTHE		me 5 🗆 R	lesidence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF GEATH		28s. DATE OF IN	JURY	28b. TIN		28c. IN	JURY AT		26d. DESCRIBE NOW	INJURY O	CCURED	
ВУР	Natural 5 Accident	Pending Investigation	(Month, Day,	reary	"	M		YES 2	□ NO				
	3 Suicide 6 4 Homicide	Could not be determined	28s. PLACE OF I building, etc		ome, ferm,	atreet, tec	ctory, offi	es		28f. LOCATION (Street City or Yown, State		er or Rural A	oute Number,
OMPLETED	29s. CERTIFIER	TIEVING BUT	MOIAN. To the best of	. kmandedee	la selfa e	and at the	Alma a -			to the cause(s) and ma		etad	
N.	(Check only									time, date and place, s			and manner as stated.
O	TUT ON BRUTHING AND TUT	F OF CERTIES	B					29c 1.10	ENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)
TO BE	RUNA	aus	Diso	UZA	М	. Д.		D	506	555	> /	409.	6, 1996
-	30. NAME AND ADDRESS O	C. I) 'SOUZA – K	CAMA:		Depl	1.1	Med	licu	ie St.Ag	nes	Horf	ntal.
	AUG 1 3 195	r, Year)	A SZTREGISTRAR	S.SIGNATURE	02	7	U			, ,			
	HOG T 7 DO	IU	7 7	- Maulor									



State of Maryland / Department of Health and Mental Hygiene 96

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Physician (Medical Examiner) Physician (Medical Examiner) CORNELIUS ALTON TRAMMELL S. D. City, Town, or Location of Death Ac. County of Death A	e City Limits Yes 2 No
Examiner Security Number	e City Limits Yes 2 No
Funeral Director Part of the part of the	e City Limits Yes 2 No
227-07-2786 10 m 2 m 5 m 5 m 5 m 5 m 6 m 7 m 7 m 7 m 6 m 7 m 7 m 7 m 7 m 7	e City Limits Yes 2 No
10a. Stata 10b. County 10c. City, Town or Location 10d. Inside 10g. City Town or Location 1	/es 2□No n, te
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Elamantarry/Secondary (0-12) Collega (1-4or 5+) Retired Truck Driver Union Local 557	21230
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Horace Tuttle Trammell 19e. Informant's Name/Raiationship (Type, Print) 19e. Informant's Name/	9
19e. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20c. Location - City or Town, State or Dete of Disposition (Name of cometery, cramatory or other place) Arnon Cemetery 21. Informative of Funaral Service Licensee Kevin E. Ecker 22. Nama and Addrass of Facility McCully Funeral Home of Brooklyn 237 E. Patapsco Ave. Baltimore, Md. 21 237 E. Patapsco Ave. Baltimore, Md. 21 237 E. Patapsco Ave. Baltimore, Md. 21 238 Funt. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or raspiratory errast, interval E Onset and disease or condition rasulting in death) 25 Dua to (or as e consequence of): 26 Dua to (or as e consequence of):	9
20a. Method of Disposition **NDBurial 2 Cramation 3 Ramoval from State **DBurial 2 Cramation 3 Ramoval from State **Arnon Cemetery Aug. 10, 1996 Great Falls, Vi 21. Figure the disease of complications that caused the death. Do not antar the mode of dying, such as cardiac or raspiratory errast. **Physician / Medical Examiner** **Physician	9
Modical Examiner Medical Examiner Modical Exa	
Arnon Cemetery Aug. 10, 1996 Great Falls, Vi 21. Figure ture of Funaral Service Licensee Kevin E. Ecker 22. Nama and Addrass of Facility McCully Funeral Home of Brooklyn 237 F. Patapsco Ave. Baltimore, Md. 21 23a. Phr. Enter tha disaasa, or complications that caused tha death. Do not antar the mode of dying, such as cardiac or raspiratory errast, Physician Medical Examiner Medical Examiner Dua to (or as e consequence of): Arnon Cemetery Aug. 10, 1996 Great Falls, Vi McCully Funeral Home of Brooklyn 237 F. Patapsco Ave. Baltimore, Md. 21 Approximation and Addrass of Facility McCully Funeral Home of Brooklyn 238 Phys. Enter the disaasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or raspiratory errast, Immedieta Causa (Final disease or condition rasulting in death) Dua to (or as e consequence of): ACULTE ANNO CONDEA) TALEOP (TTOM)	rginia
Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Physician /Medical Examiner Dua to (or as e consequence of): Dua to (or as e consequence of): Dua to (or as e consequence of):	
/Medical Examiner immedieta Causa (Final disease or condition rasulting in death) e. VENTRICULAR FIBRILLATION 35 Dua to (or as e consequence of):	1225-18
ACUTE MYOCARDIAL INFARCTION ID	mints
Sequentially list conditions, if any, laading to immadieta cause. Entar Underlying Causa (Diseasa or influry that initiated events rasulting in death) Lest Dua to (or as a consequence of): ACUTE MYOCARDIAL INFARCTION ID Dua to (or as a consequence of): HTM Dua to (or as a consequence of): ASCVD) ay
cause. Entar Underlying Causa (Diseasa or in)ury that initieted events rasulting in death) Lest Due to (or as a consequence of):	
d. ASCVD	
ion use after can be considered and	
To a Discrete Dort is Other elemitional conditions contributing to double but not exaciting in the underlying to the course of Dort is Other District to the course of the	
2 m ou 1 o 1	ior to
	212 No
1 Yes 2 No 1 Yes 2 So you go	
Hospital: 1 Impatient 2 EP/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 27. Manger of Death 28e. Data of Injury 28b. Tima of 28c. injury at 28d. Dascribe how injury occurred	
27. Manner of Death 1 Natural 5 Pending (Month, Day Year) 28b. Tima of injury at Work? 1 Natural 5 Accident invastigation 28b. Tima of injury at Work? 1 Yes 2 No	
25. Was case referred to madical axaminar? 28. Placa of Death (Check only one) 27. Manper of Death 28. Placa of Death (Check only one) 28. Placa of Death (Check only one) 28. Placa of Death (Check only one) 28. Placa of Death (Check only one) 28. Placa of Death (Check only one) 28. Placa of Death (Check only one) 28. Placa of Death (Check only one) 28. Placa of Death (Check only one) 28. Placa of Death (Check only one) 28. Placa of Death (Check only one) 28. Placa of Death (Check only one) 28. Placa of Death (Check only one) 28. Placa of Death (Check only one) 28. Placa of Death (Check only one) 28. Placa of Death (Check only one) 28. Placa of Death (Check only one) 28. Placa of Death (Check only one) 28. Placa of Injury 28. Placa of Death (Check only one) 28. Placa of Injury 28. Placa of Death (Check only one) 28. Placa of Injury 28. Placa of Death (Check only one) 28. Placa of Injury 28. Pla	
The second of th	Vumber,
29b. Signeture end titla of certifiar Warram M.D., 29c. License number AS 2441614 _ 40 August 7	
Warran M.D. AS 2441614_40 August 7, 30. Nama and addrass of person who completed cause of deeth (Item 23e) (Type, Print) Tarek Warran M.D. 110 W39th St apt 212, Baltimore MD	se(s)

Registrar

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State of Maryland / Department of Health and Mental Hygiene

96 23

Certificate of Death 1. Decedent's Name /First Middle Last 2. Date of Death 3. Time of Death -16 AM **Physician** Month VOLLMER AUG 1996 ALMA /Medical 4a. Facility Name (if not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SE COURS BALTIMORE HOSPITAL If Under 1 Year If Undar 24 Hrs. 8. Date of Birth (Moght, Dey, Year) 9. Birthplace (State or Fon Country)
4-27-09 UNK DOWN 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days 1 M 2 KF Months Hours 3/4/-63-4/032 Usual Residence of Decedent Yrs Director 10a. State 10b. Count 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner must be notified at 1 Nes 2 No Director imor 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 8 12. Was Decedant Evar in U.S. Armed Forces? itams 23a Funeral 13. Was Decedeni of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 natural, or 1 ☐ Yas 2 200 Specify Specify: / by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry pernit. Pages 1 and 2 should be filed within? Department of Health and Mental Hygiens. Important: if item 27 is marked other than "gany fijury or other traumetic event, the Med pince. Eiementary/Secondary (0-12) Gollege (1-4or 5+) unknown unknowr Inknown 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Unknown unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Alexander-Guardian 20b. Place of Disposition (Name of cemetery, crematory or other place) enee altimore 20a. Method of Disposition 20c. Location - City or Town, State Data 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 22. Name and Address of Facility Albert P. Wylie Funeral Home, PA 21. Signature of Funeral Sayvice License Balta, MD21217 638 N. Street Gilmor 2all Part 1. Entar the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical immediate Cause (Final disease or condition resulting in death) Examiner Examine or Attending Physician: The law requires that the death certificate be executed Sequentiatly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseasa or Injury that initiated events resulting in death) Last physician s the buriel P.O. Box 68760. Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown signed be del Records, þ 24b. Were autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Was case referred to medical examiner?
1 □ Yes 2 No Be 26. Placa of Deaih (Check only one) 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Othar (Specify) Medical Certification: To 2 ER/Outpatient 3 DOA funeral 27. Manner of Death Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After 1 @Natural 5 Pending 1 ☐ Yes 2 ☐ No death. investigation 2 Accident Director: 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) No. 4 Homicide 1 Certifying Phyaician: To the besi of my knowledge, death occurred at the time, dete end piece, end due to the cause(s) and manner es steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier hin 24 1 29b. Signature and title of certifier 29c, Licansa number 29d. Date signed (Month, Day, Year) deeth (Item 23a) (Type, Print) MOUNT Royal Auc, holts

State Registrar



State of Maryland / Department of Health and Mental Hygiene

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		Certificate of Death Reg. No.														
hysician	-	SICHA	e (First, Middle,)	LUNE	. \						2. Dete of Dec	eth Dey	Yeer		SOPM
Medical	-					7	_			41. Oh. T.		AUG	01	76		201M
caminer			f not institution,	-	FIZAL	Hachi	774.6					ocation of Deeth		ounty of Deet		
		iel Security N		. Sex	-	In yrs. last b		If Under	1 Yeer		LU M	8. Dete of Birt		1		to as Familia
tor	00	2-26-	2142	12℃ M 2□			Yrs.	Months	Deys		Min.	(Month, De)	v, Year)			Aass.
Irector	10a. S	Residence of tete	10b. County		1	Oc. City, To	wn or Lo	cation							10d. Insid	e City Limits
Director		MD	Howar	d 				t Ci							10	Yes 2XNo
ai Dire		Street and Nur 125 E	mber merald	Va116	ey Rd			10f. Zip		042				n of Whet Co JSA	untry?	
by Funeral	10		ed 21 Merried	Armed	Decedent Event of Forces? Ses 2 No., Give or Detes:	er In U,S.		Wes Deced f Yes, spec	cify Cut	ban, Mexica	n, Puerto	ecify Yes or No- Rican, etc.)		. Reca - Ame Black, White pecify:		
Completed		(Spec	15. Decedent's ify only highest		ed)	16	(Give	dent's Usue kind of wo DO NOT us	rk done	during mos	st of work	ing	16b. Kind	of Business/	ndustry	
dmo:	Elei	mentery/Seco	ndery (0-12)		year:			ngin		·			Ent	repre	neur	
To Be C			(First, Middle, La n VanLi	•							er's Nemo		dle, Meiden Surneme)			
			eme/Reletionship m VanLi									or Rural Route Number, City or Town, Stete, Zip Coo. 1ey Rd.Ellicott Cit Dete 20c. Location - City or Town,				Md.
	1		Cremetion 3		om State	20b. Pleca cemei	ani ami	mataniara	the only	ona1(cem8	Dete /16/96	20c. Loca			
SUCE.	-	Arlington NationalCem. 8/16/96 Arlington, Va. Signetura of Funeral Service Control G. Truman Schwab Arlington NationalCem. 8/16/96 Arlington, Va. 22. Name end Address of Fecility G. Truman Schwab Funeral Home P.A. 5151 Balto.Natl.Pike,Balto.Md. 21229														
	000				0	a death D	51	51 E	3a1	to.Na	t1.	Pike, F	Balto	.Md.		
ian cal		shock, or hee	he disease, or or rt fellure. List or Finel									or respiretory er	1651,		Onset	Imete Between and Deeth
iner	Immediate Cause (Final disease or condition resulting in death) ENTRICULAR FIBRILLATION Due to (or es e consequence of):											701	MINNE			
Je.				T	SCHEM					ATHY					YE	ARS
Examiner	Cause (Disease or injury that Initiated events resulting in deeth) Lest Cause (Disease or injury that Initiated events resulting in deeth) Lest Due to (or es e consequenca of):											1	YEA			
Medical																
Physician/	Dort II	Other signif	icant condition	d.	to death but	not socution	in the u	adaduina a	21100.0	iven in Port		23h Did tohacco use contribute to the ca			ing of death?	
Phys	1000	. Other argini	icant condition	CONTRIBUTING	to death but	not resulting	W) UIO U	ndenying c	ause g	IVOIT III FOIL	•.	23b. Did tobecco use contribute to the cause of 1 Yes 2 No 3 Probably 4				4 Unknown
Completed by												24e. Wes	an eutopsy med?		Were autopeveilable pompletion of death?	osy findings rior to of cause
E												10	res 200	No	1 🗆 Yes	2 No
Be			red to medical							26. Pled	e of Deet	th (Check only o	ne)			
To		aminer? ☐ Yes 2	No	Hospitel:	I ☐ Inpatient	2 EP/0	Outpatie	nt 3 🗆 DC	DA O	ther: 4 🗆 N	ursing Ho	ome 5 Resid	dence 6	☐Other (Spe	cify)	
	1	enner of Deat Neturel	5 Pending investiga		ete of Injury Month, Dey 1	(ear) 28b	. Time o Injury	f A	28c. Inju Wo 1	uryet ork? ⊒Yes 2 □] No	28d. Describe I	now injury	occurred		
Completely filled in by the Medical Certific		Sulcide Homicide	6 Could no determin	200. P	lece of Injury uilding, etc.	/ - At home, (Specify)	farm, st	reet, fector	y, office			26f. Location (a City or Tox		Number or Ru	ıral Route	Num <i>ber,</i>
Medical Certification:		Certifier (Check only one)	1 Certifying 2 Medicat Ex	aminar: On th		xaminetion a						and due to the red at the time,				ise(s)
Me	29b. S	Signeture end	tille of certifier					290	c. Licer	nse number			29d. Dete	signed (Mont	h, Day, Ye	ar)
1		9	July	, un					73	3829	6		Aug	09,	199	b
2	4	one and edding	ess of person w					Print) FNNA	SOLI	S 121) E	ELLICOTT	City,	MD	2100	12
State gistrar	31. D		th, Day, Year) 1 3 1996		2. Registrad	s Signature	.00									

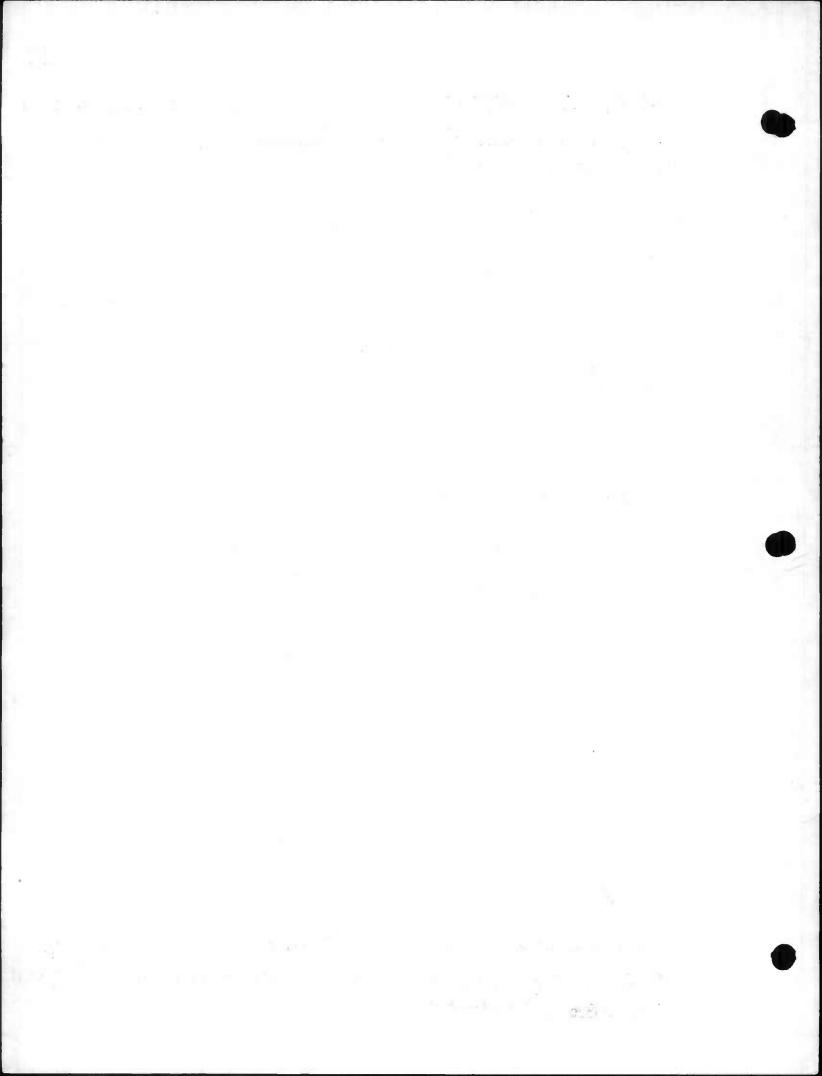
State of Maryland / Department of Health and Mental Hygiene

				orano or many rama ,	Certificate of Deati		Reg. No.	0 23910		
	Div1-1		1. Decedent's Name (First, Middle, La	st)		2. Date of Month	Death	3. Time of Death		
	Physici /Medic		ELIZABETH		WASHINGTON	AUGU	ST 8 1	996 7:35P.M.		
	Examir	ner	4a. Facility Name (If not institution, given		4b. City, 1	Town, or Location of De	eath 4c. County	of Death		
				N HOSPITAL	The state of the s	FIMORE or 24 Hrs. 8, Date of		20170		
	Funeral Director		5. Social Security Number 215 - 24 - 2635 Usual Residence of Decedent	F 7. Aga (In yrs. last bir	Yrs. Months Days Hours	Min. 8. Date of (Month,	Birth Day, Year) 14, 1920	9. Birthplace (Stata or Foreign		
	Mon III		10a. State 10b. County	10c. City, Tow	n or Location			10d. Inside City Limits		
	the Man 28a-f et	Director	md N()	+ 1;	2alto		100 Oilban - 41	1 Nyes 2 □ No		
	s 23a or	rai Dir	1607 Woo	aboune Aus	2 2123	39	10g. Citizen of	S.A		
21215-0020 within 72 hours effer death with the Manylend giene. Then "natural", or flems 23a or 28a-f ehow the Medical Exaction must be notified at	by Funeral	11. Marital Status 1 Navar Marriad 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:	13. Was Decedent of Hispanic Clif Yes, specify Cuban, Mexic		r No- 14. Raca - American Indian, Black, White, etc. Specify: Palack				
15-(d within 72 hours Jiene. r then "naturel", me Med eal Ex	Completed	15. Decedent's E (Specify only highast gra	ducetion 16a.	Decedent's Usual Occupation (Give kind of work done during mo life. AO NOT use retired)	ost of working	16b. Kind of B	usiness/Industry		
12	withir ane. than	dmo	Elementery/Secondary (0-12)	College (1-4or 5+)	life. 20 NOT use retired)		City	of Balton		
	il Hygid other	Be Co	17. Father's Name (First, Middle, Last			her's Name (First, Mid-	dle, Maiden Suman	20)		
/lar	arylai 2 should b and Mente is marked sumatic e	To B	John Ha	m's	6	112abe	th r.	Smaller		
lan			19a. Informant's Name/Relationship (Type, Print) Daush 196	. Mailing Address (Street and Num	ber or Rural Route Nu		State Zip Code)		
	other tr		Diane Was	hington-	1607 n. W	vod bon-	me the	Da Ltu, 21212		
Baltimore,	Peges 1 nent of H int: If Ite		20a. Method of Disposition Burlal 2 Cremation 3	aom ofo	Disposition (Name of ry, crematory or other place)	S/c-/-		City or Town, State		
語	2 2 2 2		4 Donation 5 Other (Specif	0000	ison trest v	et oliga	G OWIN	5 Mills, had		
Ba	Departm Departm Importar any injus		21. Signature of Funeral Servica Licer	Warre	22. Name and Address of Faci March F. 4300 was	Housh &	ave			
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused the death. Do none cause on each line.	not enter tha mode of dying, such a	s cerdiac or respirator	y arrest,	Approximata Intervat Between		
	Physician / /Medical		Immediate Cause (Finat					Onset and Death		
	Examiner		disease or condition resulting In death)	a Arteriosclero		scular Di	sease			
		Jer		Due to (or as a	consequence of);					
	requires that the death certificate be executed ear signed by the attending physician end nould be deteched for use as the bunel-transit	Examiner	Sequentially list conditions.	b. Due to (or as a	consequence of):					
30,	e exe		Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disaase or Injury					I I WELL		
68760,	physic the b	edical	that initiated events resulting in death) Last	Due to (or as a c	consequence of):					
	ding pl	900		d						
P.O. Box	es that the death cer igned by the attendir be deteched for use	Physician/N	Date On a life a life							
0	the d	hysi	Part II. Other algnificant conditions of		the underlying cause given in Part		23b. Did tobacco use contribute to the cauc			
	s that gned t	by P	Diabetes Melli	us		1	_ 100 2 NO	3 Probably 4 Unknown		
Records,	been signated been signatured b	B				24a. W	as an autopsy erformed?	24b. Were autopsy findings available prior to		
9	law no	Completed					PECTION	completion of cause of death?		
E,	The star h	Con					Yes 210 No	1 ☐ Yes 2 ☐ No		
Ŋ	political distriction of the politic distriction of the political district	Be	25. Was cese referred to medical examiner?	He enited.		ce of Death (Check on	ly one)			
7	a de la dela de	-T	1∭ Yes 2 No 27. Manner of Death	Hospital: 1 Inpatient 2 ER/Ou		lursing Home 5 Re	esidence 8 Oth			
O	ding h. After funer	tlon	1 X Natural 5 ☐ Pending investigation	(Month, Day Year) II	Time of 28c. Injury at Work? M 1 ☐ Yes 2 ☐		be now injury occur	60		
Division	or Attending Plater deeth. Director: After the	fica	3 Sulcide 6 Could not be			28f. Location	n (Street and Numb	er or Rural Route Number,		
ă	s after	Certification:	4 Homicide	building, atc. (Specify)		City or	Town, State)			
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	Medical	29a. Certifier (Check only one) 1 ☐ Certifying Ph	yelcian: To the best of my knowledge ilner: On tha basis of examination and and manner stated.	, death occurred at the time, data a dor Investigation, in my opinion, de	and place, and due to the ath occurred at the firm	he cause(s) and ma ne, date and place,	and due to the ceuse(s)		
	Withir To th Comp	ž	29b. Signatura and title of certifiar		29c. License number		29d. Data signe	d (Month, Day, Year)		
1	1		Donald &	Wright MO	O.C.M.E		AUGUST	9,1996		
	10		30. Name and address of person who	completed ceuse of death (ttem 23a) (**					
	V		DONALD G. WRIGH		11 Penn Stree	et, Balti	more, Ma	aryland 2120		
	Stat Registra		31. Date filed (Month, Day, Year) AUG 1 3 1996	Julia Jayldon-Maria						

State of Maryland / Department of Health and Mental Hygiene

				Certificate of Death	Reg.	20	20311
	Physic /Medi	_	1. Decedent's Nama (First, Middle, Last) CHARLES WOODY	/	2. Data of Death Month AUGust 4	7° 1996	3. Time of Death
	Examii		4a. Facility Nema (If not Institution, giva street and number) Maryland Greneral Ho	spital Baltinion		4c. County of Death	4
	Funeral Director		5. Social Security Numbar 2. 15 - 22 - 8007 15 M 20 F 7. Age (In yrs. I	ast birthday) Yrs. If Undar 1 Year if Undar 24 Hrs. Months Days Hours Min.	8. Dete of Birth	9. Birth	olece (Stata or Foreign
	h the Maryland r 28a-f ehow	ctor		Town or Location			10d. Inside City Limits 1 No 2 No
	th with the 23a or 21	Funeral Director	1706 N. Ellamon+	5+ 101. Zip Coda 21216	10g.	Citizan of Whet Coul	
020	ours after dea nal', or Items Examination	þ	11. Maritel Stetus 1 □ Nevar Merried 2 □ Merriad 3 ☑ Widowed 4 □ Divorced 12. Was Decedent Ever in U, Armed Forces? 1 □ Yes 2 □ No If Yas, Giva Yaar or Detes:	S. 13. Wes Decedent of Hispanic Origin? (Si if Yes, specify Cuban, Mexican, Puarting 1 Yas 2 No Specify:	pecify Yes or No- p Rican, atc.)	14. Race - Americ Black, Whita, Specify:	atc.
21215-0020	d within 72 hours after death with the Maryland plens. I than "natural", or Itema 23a or 28a-f show than Medical Examiner must be notified at	Completed	15. Dacadent's Education (Specify only highest grada complated) Elamentary/Secondary (0-12) Collega (1-4or 5+)	16a. Decedant's Usual Occupation (Give kind of work dona during most of work life. DO NOT use retired) Paintw	king 16t	3alto Go	
	should be filed withing the Mental Hygiene. marked other than imatic event, the Mental Hygiene.	3e C	17. Fathar's Nama (First, Middla, Last)	18. Mothar's Nam	na (First, Middla, Mai		
ylaı	Mental Mental mrked o	To Be	Charlie Woody	Sus	ie Wa	irren	
Mar	Pages 1 and 2 and 2 and of the alth are if it is		19a. Informant's Name/Ralationship (Type, Print) Deburah Nuwlin-Daughter	19b. Melling Addrass (Street and Number or Ru Leloo Dalter Dr.		ity or Town, Stata, Zip	
Baltimore,			20a. Mathod of Disposition 10 Buriai 2 Cremetion 3 Ramoval from Stata 4 Donation 5 Other (Spacify)	ace of Disposition (Nama of matary, crematory or other placa) Thutus Men Pk	41.	trbutus,	
Balt	Departm Departm Importar any inju		21. Signeture of Funarel Sarvice Licensee	22. Nama end Address of Fecility March K. H. W 4300 Wabash	est		
	Physician /Medical Examiner	16	23a. Part 1. Enter the disaasa, a complications that caused the daath shock, or haart failure. Links by one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Due to (or	Pulmonary Emas a consequence of);	boli	1	Approximete Intarval Between Onset end Death
68760,	physician and s the burial-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that Initiate de ports.	as a consequence of):	a		
×	oding p		d				
P.O.	9 41 9	ysici	Part II. Other significant conditions contributing to death but not resu	iting in the underlying cause given in Part I.	23b. Did tobac	cco use contributa to	o the cause of death?
	ped de	by Physician/M	ARteriosclerotic Car	dio vascular	1 Yes	2 No 3 Pro	
Records,	peed	Completed	Distage.		24a. Was an a performed	i? av	are autopsy findings allable prior to mpletion of cause death?
Vital Re	certificate has	Be Co	25. Was case refarred to medical	OO Discount Date	th (Check only one)	2□No 15	Yas 2□No
-		ToB	axaminar?	Other:		e 6 □Other (Specif	(y)
Division o	eath. lor: After this the funeral of		1 ☑ Netural 5 ☐ Panding (Month, Day Year) 2 ☐ Accident invastigation	28b. Tima of Injury at Work? M 28c. Injury at Work? 1 Yas 2 No	26d. Describe how I	njury occurred	
Divis	2.59.5	Certification:	3 ☐ Suicide 6 ☐ Could not be datarmIned 26a. Placa of Injury - At hor building, atc. (Specify)	na, farm, straet, factory, office	26f. Location (Stree City or Town, S	t and Number or Rura tate)	nl Routa Number,
The state of	within 24 hours of the Funeral Completely filled	Medicai	29a. Certifier (Check only one) Certifying Physician: To tha best of my know 2 Medical Examiner: On tha basis of exemination end manner steted.	riedga, daath occurred et tha tima, data and place, on and/or invastigation, in my opinion, daeth occur	and dua to the cause red at tha tima, date	e(s) end mannar as s and piece, and due to	tated. tha cause(s)
\$	William Comp	M	29b. Signeture end title of certifier	29c. License number	29d.	Data signed (Month,	Day, Year)
	10		Whiteman holings	89247	1	ugust 4	,1996
	10		10. Name and addrass of person who complated causa of death (flem	NGO M.D. Mar	-yland	Genera	1 Hospita
	Sta Registr	te ar	11. Data filed (Month, Day Sax) July 3 Track track Roat	THE .			

Registrar



State of Maryland / Department of Health and Mental Hygiene

23912 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Scot.t. GORDON WOOD AUGUST 1996 2:23P.M. /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** SHOCK TRAUMA CENTER BALTIMORE 7. Aga (In yrs. lest birthday) If Under 1 Year If Undar 24 Hrs. 5. Sociel Security Number 6. Sex 1 ☑ M 2 ☐ F 8. Data of Birth (Month, Dey, **Funeral** 9. Birthplaca (Stete or Foreign Days 34 yrs. 548-47-0410 4, Director 1962 California Usual Residence of Decedant 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Director 1 ☐ Yes 2 No Maryland Anne Arundel Glen Burnie the 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 23a or 419 Hidden Brook Drive Apt. USA 21061 Funeral 12. Was Decedent Ever in U,S.
Atmed Forcas?
1 △ Yes 2 □ No
If Yes, Give
Year or Detes:1981-1985 or items Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. 11 Maritai Status 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 No Specify: p 3 Widowed 4 Divorced 'netural', Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 12 Baltimore Gas & Electric Lineman 17. Fathar's Neme (First, Middle, Lest) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 Is marked other any injury or other traumatic event one. 18. Mother's Name (First, Middle, Meiden Sumeme) Be Robert Bruce Wood Patricia Lee Judkins 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Patricia L. Ellsworth/Mother 148 61 E. Mulberry Dr. #1310, Whittier, Calif. 90604 20e. Method of Disposition
1 ☑ Burlai 2 ☐ Cramation 3 ☐ Removel from Stete 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) Dete 20c. Locetion - City or Town, Stete 4 ☐ Donetion 5 ☐ Other (Specify) Memory Garden Memorial PK 8/16 Brea, California 21. Signetura of Funerel Service Lts 22. Name and Address of Fecility
Stallings Funeral Home, P.A. 3111 Mountain Road, Pasadena, MD 21122 23e, Pert 1. Enter the disease, or compiles on a true caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heer feilur. List only one cause on each line. Approximate Intervel Between Onset end Deeth **Physician** Immediete Ceuse (Finei diseese or condition resulting in deeth) /Medical Examiner Due to (or es e consequenca of): Sequentially list conditions, if eny, leeding to immediate causa. Enter Undarlying Ceuse (Diseese or injury that initieted events resulting in deeth) Last Due to (or es e consequence of): Box 68760, 2 Physician/Medical 2 Due to (or as a consequence of) ä P.O. Pert il. Other significant conditione contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, à 24b. Were eutopsy findings evallebla prior to Completed 24e. Wes en eutopsy parformed? completion of causa of death? 2 Yes 2 No 120Yes 2 No Vital Be 25. Wes case referred to medical 28. Piace of Deeth (Check only ona) Hospitel: 1 ☐ Inpatient 2 XER/Outpetient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 2 1 Yes 2 No ot 爱 27. Mennar of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Tima of Injury 28c. injury et Work? Certification: 28d. Describe how Injury occurred 5 Pending investigation 1 Neturel Shot by police 1 Yes 2 200 -9-96 1100 2 Accident 6 Could not be determined 3 Suicide 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, own, Stete) 4 Homicide 8 ME a 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceusa(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and pieca, end due to the cause(s) end manner steted. Medical (Check only one) To the within 2 To the 29b. Signature and the of certifier 29c. License number 29d. Dete signed (Month, Day, Year) AUGUST 10,1996 O.C.M.E. of person who completed cause of death (Item 23a) (Type, Print) 30. Name and add 111 Penn Street, Baltimore, Maryland 21201

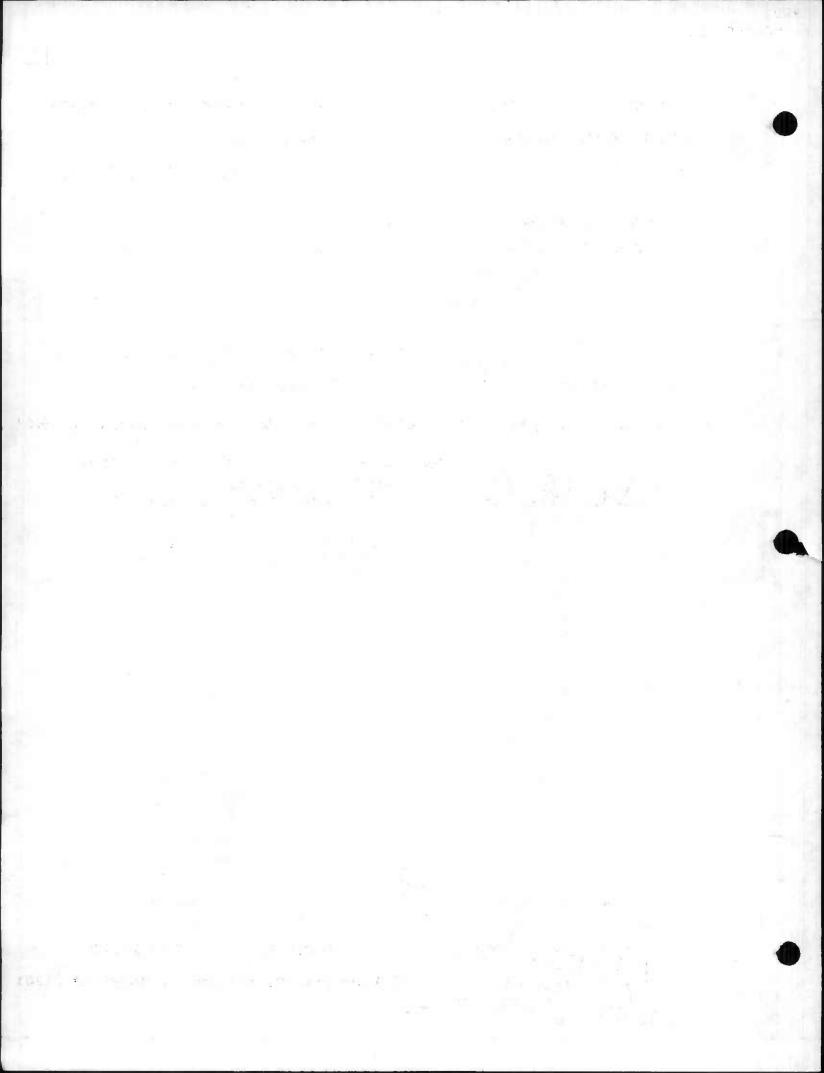
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State

31, Date filed (Nont

AUG 13

Day, Year)



State of Maryland / Department of Health and Mental Hygiene

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	-	-00	0

					,	Certifica	ate of	Death	F	Reg. No.	0	20010				
	Physici	an	Decedent's Name (First, Middla, La	est)					2. Data of Dea Month		Year	3. Time of Death				
	/Medic		Joseph "	WILSON					Allen	ST-10-	-1996	1240 pg				
7	Examir	er	4a. Facility Name (If not institution, give	. 11	1			4b. City, Town, or	Location of Death	4c. County	of Death					
-		-	Joseph Kitch 5. Social Security Number 6.5	le Hospi	e (In yrs. la	st hirthday) If Un	dar 1 Yaar	DOJTIN	ORE B Date of Birth	Dai	TIM	ORE State or Foreign				
L	Funeral Director		418-74-3438 Usual Rasidenca of Decedent	X M 2□ F	3	7 Yrs. Month	ns Days	Hours Min	8. Date of Birth (Month, Day	96	Sout	lace (State or Foreign try) The Corolina				
	ehow d at		10a. Stata 10b. County		10c. City,	Town or Location					1	0d. Inside City Limits				
	death with the Maryland ms 23s or 28s-f show I must be notified at	ctor	Md. Baltin	nore	Ba	Itimore						1XYes 2□No				
	or 28	Olre	10e. Street and Number				Zip Code			10g. Citizen of V	Vhat Coun	itry?				
	23.0 km	rall	2226 FREDER	SICK Aver			212	23		US	A	*				
5-0020 72 hours after d	or its	by Funeral Director	11. Marital Status Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces 1 Yes 2 If Yes, Give Year or Dates:	The same		cedent of pecify Cut	Hispanic Origin? (Span, Maxican, Puar Specify:	Specify Yes or No- to Rican, atc.)	14. Race Blac Specify	Block					
5-0	72 houn	eted	15. Decedent's E (Specify only highast gro	ducation		16a. Decedent's U	sual Occu	pation	ndeina	16b. Kind of Bu	isiness/Ind	duetry				
2121	E . E	Completed	Elemantary/Secondary (0-12)	Collega (1-4or	5+)	4 1		during most of wo				. 0				
	Till time ber	Cor	10th grade			Constr	suct	tion W		Const		tien Compan				
Maryland		Be	17. Fathar's Name (First, Middla, Last	,				18. Mothers Na	me (First, Middla,		a)					
2	should b nd Ments marked imatic e	To	19a. Informant's Name/Ralationship	Tuna Print)		10h Malling Addr	ass (Stras	t and Number or R	FLUM		State 7in	Code				
Ma	ith and ith and it and it and it is m		Ida Wilson)		-										
ē,	of Health		20a. Method of Disposition	1	20b. Pla	nce of Disposition (/	va <i>m</i> a or		Data	20c. Location	City or To	Puland 2/2/				
Baltimore,			1 Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Othar (Special		m	+ 7inn 1	7	*	8/16/91	1 aneda		Manulas				
alti	근투다를		4 Donation 5 Other (Specify) Mt. Zion Cemetery 8 16 96 Lansdowne, Maryland 21. Signature Fundral Service Licensee 22. Nama and Address of Facility Soseph H. Brown Jr. Funeral Home 2140 N. Fulton Ave., Baltimore, Maryland 21217													
m	Depa Impo		(b)	1) - 0.	2	700	seph	M- DROU	on JR. Fu	uneral	Hon	nes				
	o Physician		23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that cause one cause on each li	d tha death.	Do not enter the m	noda of dy	ing, such as cardia	c or respiratory ar	rest,	MRY	Approximate Interval Between Onset and Death				
ч	/Medical		Immediate Cause (Final disease or condition Myocardial Anoxia													
	Examiner		resulting In death) Due to (or as a consequence of):													
	po 45	line		cirr	nosis	of liver	, eti	lology un	clear		3	vears				
	icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury c.													
09289	sician burie		cause. Enter Underlying Cause (Disease or Injury that Initiated events	c	AIRO ESS	as a consequance o					i					
89	ntificate be ng physicia as the bur	edic	rasuiting in death) Last													
Box	nding use a	M	d													
	death ce attendii	Icla	Part II. Other significant conditions of	ontributing to death b	ut not result	ting in the underlyin	n causa n	iven in Part I	23b. Did t	obacco use cor	ntribute to	the cause of death?				
P.0	the by the	Physician/Medical			G(110(100G)	ang ar trio dridonyar	9 00000 9					bably XI Unknown				
	ss tha gned be de	by F	Hypertesni	on								ALIT				
Records,	aw requires that the death cer is been signed by the attendin 2 should be detached for use	Completed	Renal dise	ase						an autopsy med?	av	ara autopsy findings allable prior to mpletion of cause death?				
E.	The I	E O							101	as 2 No	10	Yas 2□ No				
'ita	artifica ctor,	Be	25. Was casa refarred to medical examiner?						ath (Check only o	na)	1	hospice				
of Vital	Attending Physicien: The law or death. ector: After this certificate has by the funeral director, page 2	၉	1 ☐ Yas 💥 No			R/Outpatient 3	DOM		Homa 5 ☐ Resid			w Richey/				
U C	ing P	o	27. Manner of Death 1 DNatural 5 ☐ Pending	28a. Date of inju (Month, Da	y Year)	28b. Time of Injury	28c. inju		28d. Describe h	ow Injury occurr	ed					
Division	if or Attending P after death. Director: After t d in by the funera	Certification:	2 Accidant Investigation 3 Suicide 6 Could not be	0 000 Diago - (1-)	una At hann	M]Yas 2□No	20f Location /6	Stront and Numb	ar or Pura	il Routa Number,				
N.	or At after Direc in by	it.	4 ☐ Homicide datermined	building, el	c. (Specify)	ne, farm, street, fac	tory, office		City or Tox	n, Stata)	er or mura	ii riouta ivamber,				
-	Haspital or	edical C	(Check only Medical Exar	ysician: To the best niner: On the basis o	examination	ledge, death occurr on and/or Investigati	ed at the t	ime, date and plac opinion, daath occ	e, and due to the ourred at tha tima, o	cause(s) and ma date and place,	nner as si	tated. o the cause(s)				
1	444	Med	one) 29b. Signature and titla of certifiar	and manner st	ated.			sa number		29d. Data signed						
	5P(28)	-	Social de la contrat	1												
Q.			CO Name and Address			M.D.	ן ע	.3006		12 Augus	st 9	6				
-0.5	1		30. Nama and address of person who Thomas Powell.	completed cause of c			imar-	21201								
	Sta	te	31. Date filed (Month, Day, Year)		aris Signatu		rmore	21201								
	Registr	_	AUG 1 9 1996	i a Davison	-Mande	100										

State of Maryland / Dep

Department of Health and Mental	Hygiene	96	23911	
Certificate of Death	Peg No	5 ()	5001.	7

Physician /Medical Examiner 1. Decedent's Neme (First, Middle, Last) STANLEY

WOODSON

Yrs.

2. Date of Daeth Month AUGUST

Reg. No.

DEC. 26,1973

3. Time of Deeth

Birthplece (Stata or Foreign Country)

10d. Inside City Limits

1 X Yes 2 □ No

VIRGINIA

4e. Fecility Name (If not institution, give street and number)

4b. City, Town, or Location of Deeth

BALTIMORE

If Under 1 Yaar If Under 24 Hrs. 8. Dete of Birth
Months Days Hours Min. (Month, Day)

1996 06 20:15 P 4c. County of Deeth

BALTIHORE

Funeral Director

the Maryland 28a-f show

the Medical Examiner must be notified at ò items 23a be filed within 72 hours efter death 9 "natural",

21215-0020

Baltimore, Maryland

permit. Peges 1 end 2 should be filed within 7. Department of Health end Mental Hygiene. Important: If item 27 is marked other than "na any injury or other traumatic event, the Megianne."

Physiclan /Medical **Examiner**

Attending Physician: The law requires that the death certificate be executed and Box 68760, attending physicien for use as the burie USB BS P.0. 2 Division of Vital Records, page 2 should certificate this Atter death. hin 24 hours after dest the Funeral Director: B

UNKNOWN 10e. Stete Directo MARYLAND 10e. Street end Number 120 Funeral 11. Maritai Status 1 Nevar Married 2 Married þ 3 ☐ Widowed 4 ☐ Divorced Completed Elementery/Secondary (0-12) 6THGRADE 17. Fether's Neme (First, Middla, Last) Be STANLEY 19e. Informent's Name/Relationship (Type, Print) DONALD 20e. Method of Disposition 1 Buriel 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Spacify) Signature of Funeral Service Licensee disease or condition resulting in deeth) Examine Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseesa or injury that initieted events rasulting in deeth) Last Physician/Medical Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.

by Completed Be 10 Certification: Medical

SHOCK TRAUMA CENTER 6. Sex 120 M 2□ F 5. Sociel Security Number Usual Residence of Decedent 10b. County

10c. City, Town or Location BALTIMORE

STREE

12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yas ≥ 10 No if Yes, Give Year or Dates:

7. Aga (In yrs. last birthday)

BALTIMORE

10g. Citizen of Whet Country? USA.

 Wes Decedant of Hispenic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 ☐ Yes 2 No

 Race - Amarlcan Indian, Bieck, Whita, etc. Specify: BLACK

15. Decedent's Education (Specify only highest grada complated) College (1-4or 5+)

HASE

16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) SECURITY

OFFICER BALTIMORE CITY 18. Mother's Neme (First, Middle, Malden Sumama)

WOODSON SR.

MADDOX 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

16b. Kind of Business/Industry

L, WARDELL

20b. Plece of Disposition (Name of cemetery, crematory or other place) MT, ZION CEMETERY

833 POPLAR GROVE ST. BALTO, MD. 21216 Dete 20c. Location - City or Town, Stete 8-13-96 BALTIMORE, MD.

22. Nama and Address of Facility JOSEPH H. BROWN JR. FUNERAL HOME, P.A. One disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximata

Approximata tntervai Between Onset end Deeth

immediate Cause (Final

SHOTGUN WOUND TO ABDOMEN

Due to (or es e consequence of)

Due to (or es a consequence of):

Due to (or es e consequence of):

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24a. Wes en eutopsy performed?

24b. Were autopsy findings aveileble prior to completion of causa of death?

2 No

25. Wes case referred to medical XXYes 2□ No

27. Menner of Deeth

1 ☐Neturel

2 Accident

3☐ Suicide 4 Homicide

5 Pending investigation 16/96

28b. Time of 72514R

28c. Injury et Work? 1 | Yes 2 |

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred Sulnet stof

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State)

26. Pleca of Deeth (Check only one)

100 block

(Check only

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

**Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and mannar stated. 29c. Licansa number

29b. Signetura and title of certifian

O.C.M.E.

29d. Dete signed (Month, Day, Year) AUGUST 07,1996

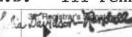
6 Could not be determined

30. Name and address of person who completed caused deeth (Item 23e) (Type, Print)

Theodore King M.D. 111 Penn Street, Baltimore, Maryland 21201

State Registrar

AUG 13



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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacadant's Nama (First Middle Last) 2. Data of Daath **Physician** 12 R. GERARD WILLSE JR. 08 -1996 1:50 am /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner 1309 RUXTON RD. TOWSON BALTIMORE 5. Social Security Number If Under 1 Yaar | if Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 06-04-1921 7. Aga (In yrs. last birthday) **Funeral** Birthplaca (Stata or Foraign Country) 12M 2□ F Days Hours 75 Yrs Director 237-26-7431 MARYLAND Usual Rasidance of Dacedant with the Maryland 10a Stata 10b. County 10c. City, Town or Location rai', or items 23a or 28a-f show Examiner must be notified at 10d. insida City Limits Director 10e BALTIMORE TOWSON 1 Yas X No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1309 RUXTON RD 21204 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacadant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican indian, Biack, Whita, atc. Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene. 1 Navar Marriad 2 Married 1 ☐ Yas 2 No if Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yas 2 No Completed by WHITE 3 ☐ Widowed 4 ☐ Divorcad 15. Decedant's Education 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry (Specify only highast grada complated) 7 is marked other than traumatic event, the M Elamantary/Secondary (0-12) College (1-4or 5+) INVESTMENT BANKING BANKING 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be R. GERARD WILLSE ROBERTA ROUSE 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) nt of Health a If Item 27 is or other train 27794 VILLA RD. EASTON MD. 21601 DAVID W.B. WILLSE 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata XXBurial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Specify) permit. Page Department of Important: If any Injury or DRUID RIDGE CEMETERY 8-14-96 PIKESVILLE MD. 21. Signature of Funaral Sarvica Licansaa 22. Nama and Addrass of Facility HENRY W. JENKINS & SONS CO. · falle III YORK RD. BALTO., MD. 4905 23a. Part1. Enlar tha disaasa, or complications that caused tha daath. Do not antar tha moda of dying, such as cardiac or raspiratory arrast, shock, or haart failura. List only ona causa on aach lina. Approximata Intarvai Batween Onsat and Death Physician Immediata Causa (Final disaasa or condition rasulting in daath) /Medical **Examiner** Sequantially list conditions, if any, laading to Immadiata ceusa. Entar Undarlying Causa (Diseasa or injury that initiated evants rasulting in daath) Last Dua to (or as a consequanca of): The law requires that the death certificate be exe Division of Vital Records, P.O. Box 68760, Physician/Medical 蠹 Dua to (or as a consequence of): Part ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by 2□ No 3 Probably 4 Unknown þ 8 Completed 24b. Wara autopsy findings available prior to completion of causa of daath? 24a. Was an autopsy performed? 1 ☐ Yas 2 No 25. Was casa rafarrad to madical axaminar? Certification: To Be 26. Piaca of Daath (Chack only ona) NO NO Othar: 4 Nursing Homa 1 Yas 1 Inpatlant 2 ER/Outpatient 3 DOA 5 Residence 6 Other (Specify) 差 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of Affect 28c. injury at Work? Attending 1 Naturai 5 Panding Invastigation 1 ☐ Yas 2 ☐ No after death 2 Accidant 96 3 Suicida 6 Could not ba 28a. Place of injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) B 4 Homicida b Seral Medical 29a. Cartifiar Tefrifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causats) and maintain as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signatura and III of cout lie 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and address of parson who complated causa of death (itam 23a) (Type, Print) 20 CELANO M.D. D. 6565 N. CHARLES ST.

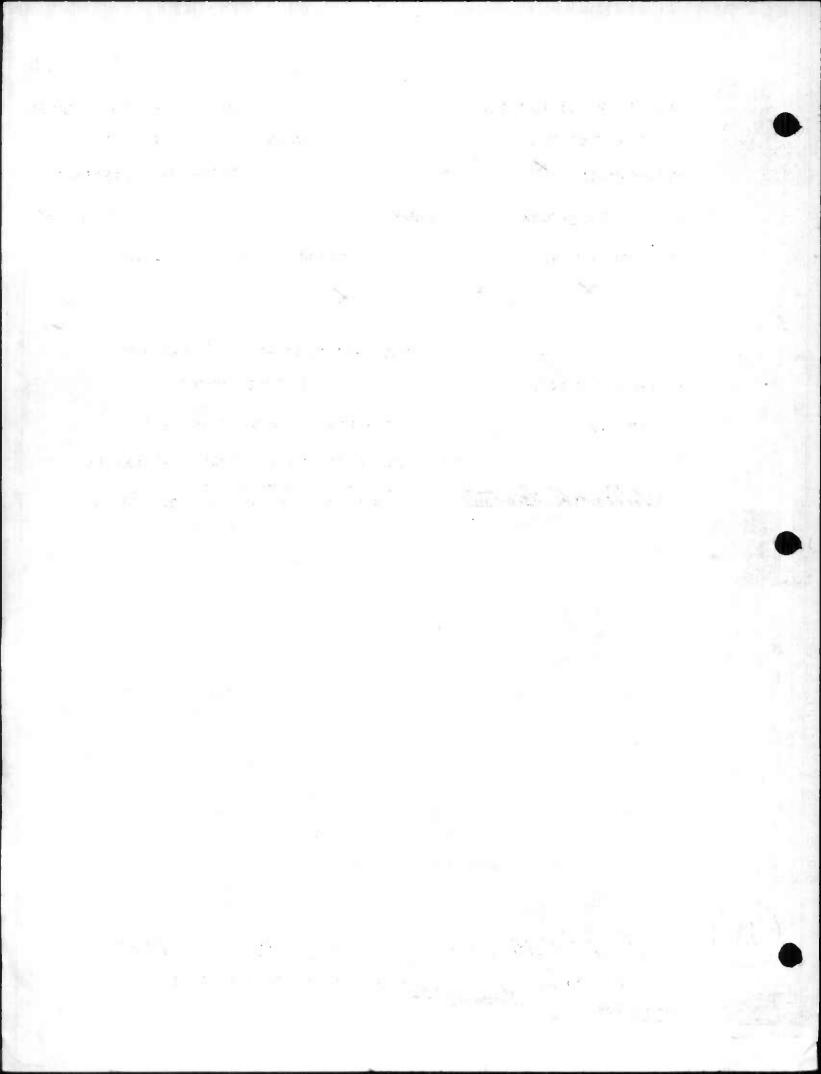
TOWSON, MD.

DHMH 16 Rev 6/95

State Registrar PAUL

31. Data filed (Month.

1996



State of Maryland / Department of Health and Mental Hygiene 05 23016

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after deeth. Director: Afte J in by the fune	ertifica								286	. Location (City or To	Straat and Nui wn, Stata)	mber or Rur	al Routa	Number,		

To the Hospital or Attending Physician: The law requires the within 24 hours after deeth.

To the Funeral Director: After this certificate has been signs completely filled in by the funeral director, page 2 should be Certification:

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axaminar? 1 ☐ Yas 2 ☑	No	Hospital: 1 Inpatlant	≥ □ ER/Outpatiant	3□	DOA Othar:	4 ☐ Nursing I	Homa 5 ☑ Rasidance 8 ☐ Othar (Specify)
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3 ☐ Suicida 4 ☐ Homicida	6 Could not be determined	28a. Place of Injury - A building, atc. (Sp.	at home, ferm, stree	ol, fact	ory, office		28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

4 - Homicida

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29a. Cartifiar (Check only one) 29b. Signatura and titla of M.D.

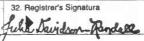
29d. Data signed (Month, Day, Yaar) 29c. Licansa numbar

D42033 July 25, 1996

30. Nama and address of person who complated causa of deeth (Item 23a) (Type, Print)

Martin Portillo, M.D. 10810 Connecticut Avenue, Kensington, MD 31. Data filed (Month, Day, Year)

State Registrar



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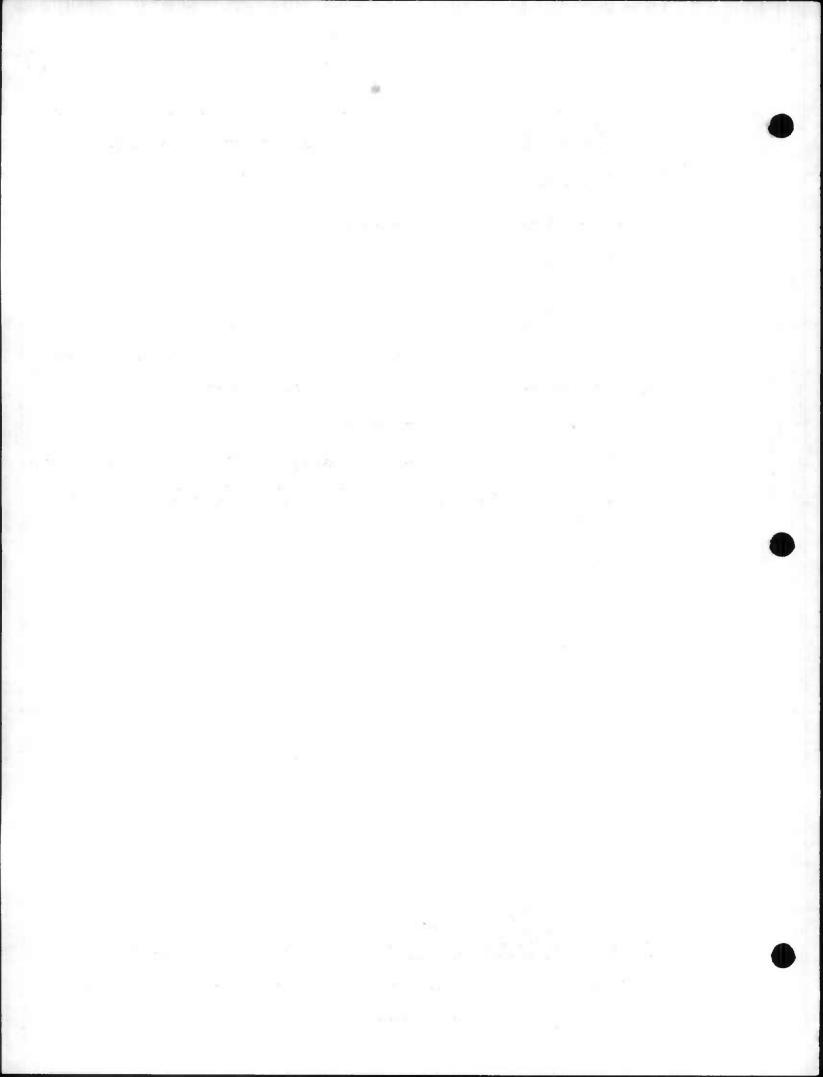
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

23917

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9380	iel-tr	Exa	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury			Due to (or e	is e consequ	ience or):					
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hysic ois os	Ö	2	1 ☐ Yas 2 ☒ No		Hospitel: 1 Inpatia	ant 2 El	2/Outpatient	3 DOA	Other: 4 Nursing	Homa 5X Ras	sidence 8 🗆 Ot	her (Specify)	
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Hospital 24 hours	tely fi	edical	(Check only 2 Med	ifying Phylical Exam	yelcisn: To the best of the basis of	examinetio	edge, deeth	occurred et the estigetion, in my	time, dete end pie opinion, deeth oc	ce, end due to the curred et the time	cause(s) and m	enner as stated , end due to the	cause(s)
To the	completely filled in	Med	one) 29b. Signature and title of ce		and manner sti	//	-		nse number			ed (Month, Day,	
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4			Oscar S. Bre		·	-		consin	Avenue,	betnesda	, MD 208	583-5000)
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State of Maryland / Department of Health and Mental Hygiene

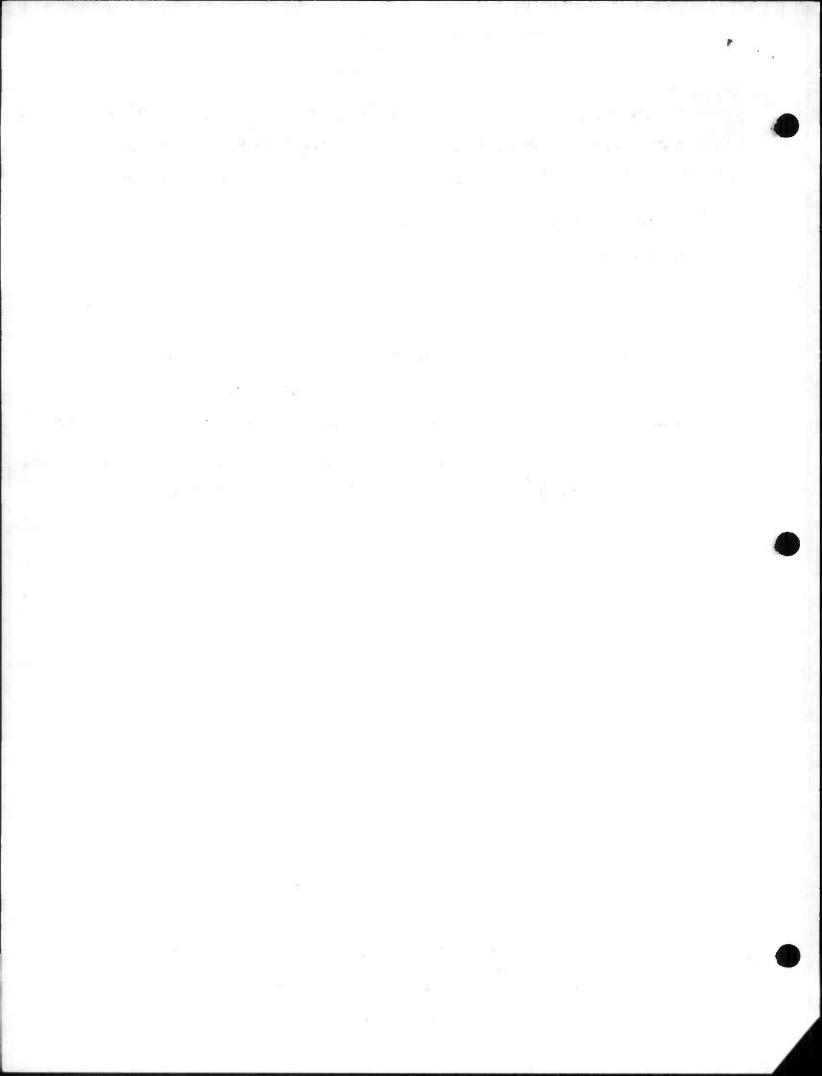
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Deeth 3. Time of Death Month Year **Physician** IES FAYE 990 6:32 AM Jul 26 /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not Institution, giva street and number) 4c. County of Death **Examiner** Takoma Park

If Under 1 Yaar | If Under 24 Hrs. | 8. Date of Birth
Months | Days | Hours | Min. | (Month, Day, Year) Washington Adventist Hospital Montgomery 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1∭ M 2□ F Yrs. 578-19-9751 81 Nov. 18, 1914 Ethiopia Director Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Desartment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or forms 23a or 28a-f show with injury or other traumatic event, the Medical Examines must be notified at once. 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 X Yas 2 □ No Director Maryland Montgomery Silver Spring 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 20904 13251 Venetian Road Funeral Ethiopia 12. Wes Decedant Evar In U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11 Marital Status 1 ☐ Yas 2 🗓 No If Yes, Give Yaar or Datas: 1 Nevar Married 2X Married 21215-0020 1 ☐ Yes 2 🗓 No þ Specify: 3 ☐ Widowed 4 ☐ Divorced **Black** Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) 12 4 Accountant Postal Service Baltimore, Maryland 17. Father'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Amare G. Mariam P Askel Ambrber 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13116 Marigold Lane, Silver Spring, Maryland 20906 Yared Tesfaye - Son 20b. Place of Disposition (Name of cematary, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Steta 1XXBurial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 8-2-96 Debrelibanos, Ethiopia Debrelibanos Cemetery 21. Signature of Funeral Service License 22. Name and Address of Facility Hines-Rinaldi Funeral Home, Inc. produces 11800 New Hampshire Ave., Silver Spring, MD 20904 n ant . Enter the disemble or complications thet caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, abock, or heert feilure and only one cause on each line. Approximete Intervei Between Onset and Death Physician /Medical Immediate Cause (Final Curch's ful money Fin' Lury
Due to (or as a consequence of): disease or condition resulting in deeth) um hour Examiner Examiner Renel Fun'ls rn

Due to (or as a consequence of): The law requires that the death certificate be executed es the burial-transit Sequantially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Diseese or Injury that initiated events resulting in death) Last and Box 68760, physiclan Pros1-12 Physician/Medical Dua to (or as a consequence of): use Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Dfd tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 ☐ Unknown angracel Concer ģ 24a. Wes an eutopsy performed? 24b. Were eutopsy findings evailable prior to completion of cause of deeth? Completed certificate 1 Yes 2 20No 1 ☐ Yes 2 ☐ No or Attending Physician: funeral director. 25. Wes case referred to medical axeminer? Be 26. Place of Deeth (Check only ona) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 ☑ No 1 ☐ Inpatient 2 DER/Outpatient 3 ☐ DOA Certification: To this 28a. Date of Injury (Month, Day Year) 27. Menner of Deeth 28b Time of 28c. Injury et Work? 28d. Describe how injury occurred After 1 Natural 5 Pending To the Hospital or Attendir within 24 hours after death. To the Funeral Director: Al 1 TYas 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide 29a. Certifier Medical 🖼 Cartifying Physician: To the best of my knowledge, death occurred et the time, dete and piece, end due to the ceuse(s) and manner as stated. (Check only one) 2 Medical Examinar: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) 7305 Hanonr PKWY Gourbelt no 20770, Dr. Radman Mostaghim 31. Date filed (Month, Day, Year) 32. Registrar's Signetura State Julia Davidson

#H 16 Rev 6/95

Registrar

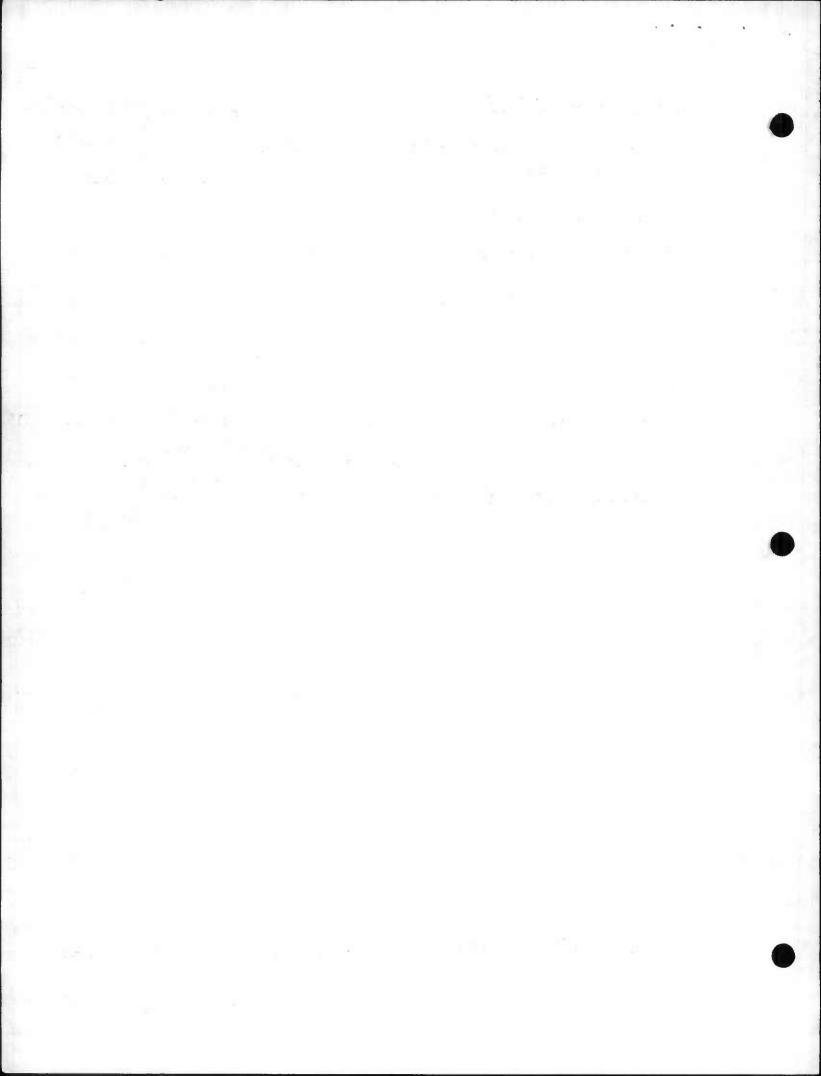


State of Maryland / Department of Health and Mental Hygiene

23919 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** ANDERSON 1452 DALE /Medicai 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Arundel Anne Arundel Medical Center

5. Social Security Number 6. Sax 7. Aga (In yrs. last birthdey) Annapolis A If Under 24 Hrs. 8. Dete of Birth Hours Min. (Month, Day, Year) Anne If Undar 1 Year Birthplace (State or Foreign Country) **Funeral** Days Months 1√2M 2□ F 79 Yrs. 218-05-9640 Director Illinois Nov.9,1916 Usual Rasidance of Decedent with the Maryland 10a. Stata 10c. City, Town or Location 10b. County 10d. Inside City Limits Nem 27 is marked other than "natural", or Nema 23a or 28a-f ahow other traumetic event, the Medical Examiner must be notified at Queen Anne's Chester 1 ☐ Yas 2 No Director Maryland 10e. Street and Number 10f. Zlp Coda 10g. Citizen of What Country? 311-A Gunners Rest Lane 21619 U.S.A. pemit. Peges 1 and 2 should be liled within 72 hours effer death v Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or itema 23a any injury or other traumatic event, the Medical Examiner must another. Funeral 12. Was Decedant Evar in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 11. Meritei Status 14. Race - Amarican Indian, Bieck, Whita, atc 1 Yes 2 No If Yas, Giva Year or Detes: 1 Navar Married & Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced WWII Completed 16a. Decedant's Usuai Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Self Employed Elementery/Secondary (0-12) Collega (1-4or 5+) 12 Attorney & HOme Developer 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Belle Moyer Henry Lee Anderson 2 19a. informant's Name/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Dorothy Anderson 311-A Gunners Rest Lane, Chester, Md. 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 31,1 20c. Location - City or Town, Stata 996 20e. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) July Stevensville, Md. Stevensville Cemetery 21. Signature of Funaral Sarvice Licensea 22. Neme end Addrass of Fecility Fellows, Helfenbein & Newnam Funeral Home, P.A. 23a. Part1. Entar tha disaase, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line. mas Approximate Intervel Batween Onset and Death **Physician** Immediata Causa (Final diseasa or condition resulting in daath) /Medical Examiner Examiner lew requires thet the death certificate be axecuted physician and s the burief-trans Sequantielly list conditions, if any, laading to immadiata causa. Entar Undarfying Causa (Disaasa or Injury that initiated evants rasulting in death) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): 80 for use as signed by the at d be detached fo Pert II. Other significant conditions contributing to death but not rasulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Ware autopsy findings available prior to completion of cause of daath? Completed 24a. Was an autopsy performed? peed hes 1 Yas 1 Yas 2 No certificate Hospital or Attending Physician: 24 hours after deeth. Funeral Director: After this certifice **Juneral director** 25. Was casa rafarred to-medical Be 28. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 2 No 2 1 Inpatiant 2 ER/Outpetient 3 DOA 27. Mannar of Death Certification: 28a. Deta of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Netural 5 Pending invastigation 1 Yes 2 No 2 Accident To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by th 3 Suicide 6 Could not be 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 4 Homicide 12 Certifying Phyeician: To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(s) end mannar as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end mannar stated. cal 29a. Certifian Medic 29b. Signetura and titla of certifiar 29c. Licensa number 29d. Dete signed (Month, Day, Year) 30. Nama and eddress of person who complated cause of death (Item 23a) (Type, Print)

State Registrar 31. Data filed (Month, Day) 1941) 2 9 1996 Registrary Signature Signature Pandelle.



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death ANJERSON, IR **Physician** Month Day HARRY 8:30 4.4 11996 1444 15 /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HOWARD Columbia
If Under 24 Hrs. 8.
Hours Min. 5834 Stevens Forest Rd # 24 Social Security Number 6. Sex P. Age (In yrs. lest birthday) If Under 1 Year 8. Date of Birth (Month, Dey, Yeer) Birthplaca (Steta or Foreign Country) Funera Months Days 12 M 2□ F 508-01-5971 Yrs. 8 1 Director Nebraska Usual Residence of Decedent the Maryland 10c. City, Town or Location 10a. State 10b. County 10d. Insida City Limits r 28a-f show show Columbia HOWAR 1X Yas 2 No Director 10e. Street and Numbar 10f. Zip Code 10g. Citizan of What Country? filed within 72 hours efter death with r than "natural", or Items 23a or the Medical Examiner must be 21048 5834 Stevens Forest Rd. # 24 U.S.A. Funeral 12. Was Decedant Evar In U,S. Armed Forces? 13. Was Dacedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. to Yas 2 No If Yes, Giva Year or Dates: 1 Nevar Married 2K Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 🕱 No þ Specify: 3 Widowed 4 Divorced Black WW Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Hygiene. College (1-4or 5+) U.S. GOVERNMENT CLERK permit. Peges 1 and 2 should be filled w Department of Health and Mentel Hygier important: if item 27 is marked other th any injury or other traumatic event, that since. 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Maidan Sumema) LETHA 710E SHITH Harry L. Anderson, Sr. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straet end Number or Rurel Route Number, City or Town, Stete, Zip Code) Gail Anderson-wife Same as # 10 above 20b. Placa of Disposition (Neme of cematery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 7/18/96 4 ☐ Donation 5 ☐ Other (Specify) Balt-Wash. Crematory Laurel, Md. 21. Signature of Funeral Service Licenses 22. Name and Address of Facility H.S.Washington & Sons, Inc. 4925 Burroughs Ave., N.E. Xany W. 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finat disease or condition resulting to death) Small month Examiner Due to (or as a consequence of): Examiner physician and the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or trijury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequence of): 88 080 Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t Yes 2 No 3 Probably 4 Unknown à 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to Completed completion of ceuse of death? NA page 2 s 1 Yes 200No 1 Yas 2 No funeral director, Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home \$ Residenca 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of Injury (Month, Dey Year) 28d. Describe how Injury occurred 27. Manner of Death Certification: 28b. Time of After 28c. Injury at Work? 1 SNatural 5 Pending efter death. Director: Af 1 Yes 2 No 2 Accident investigation 8 Could not be determined 3 Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide NIA ò Hospital
 24 hours e
 Funeral Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) To the 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 2 41139 1 hizh 15 1996 War) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Columbio 11065 Little tuxent Pkua mi 31. Date filed (Month, Day, Year) 32. Registrar's Signature State JUL 2 4 1996 Jalia Dawalson Randall Registrar

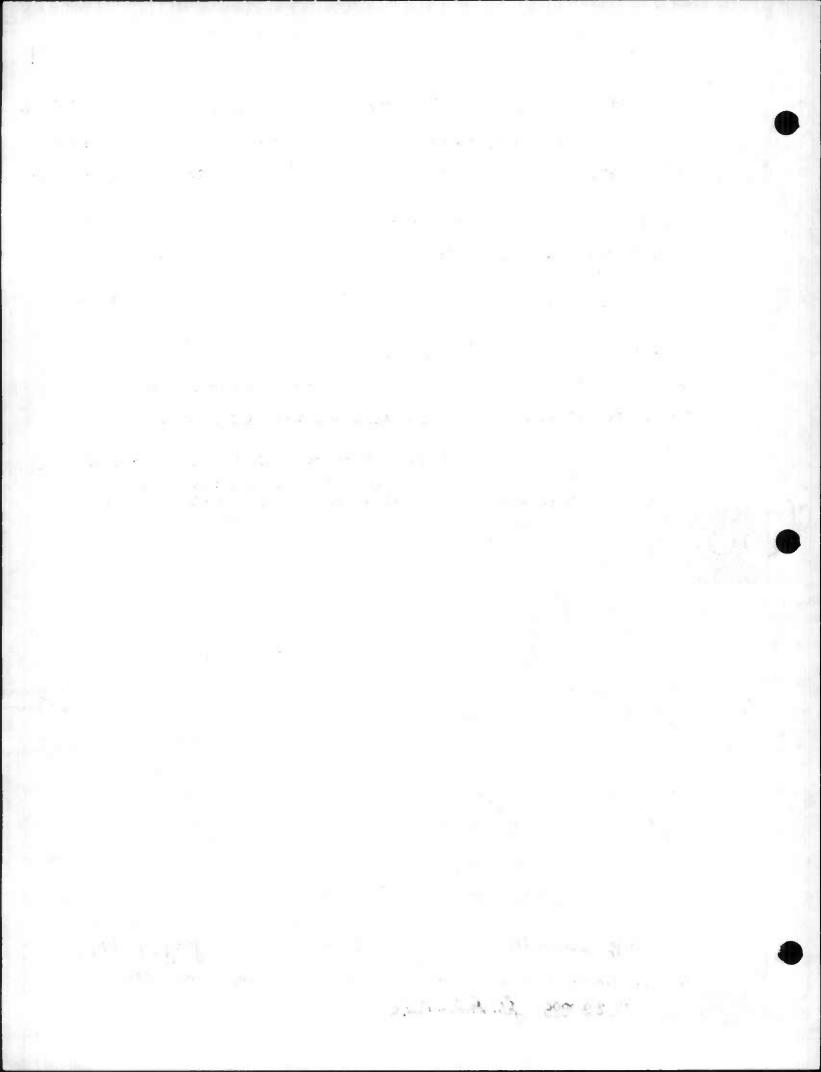
DHMH 16 Rev 6/95

and one same 3.10 form of a

State of Maryland / Department of Health and Mental Hygiene 96 23921

Physician / Medical Examiner Prince Georges County Hospital Cheverly Prince Georges Cheverly Prince Georges Prin							Cert	ificate	of Death		Reg. No.		
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State Registrar MOBARAK KARIM, 7610 (ARROLL AVE, STE 340, TAKOMA PARK, MU 20912 32 Registrar's Signature State Registrar JUL 23 1996 State Registrar		(12)		30. Name and address of person who	complated ceusa of da	aath (itam 23e	e) (Type, Pri	nt)			4 0		10
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State of Maryland / Department of Health and Mental Hygiene 96

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21215-0020	n 72 hours after death with the Marylar "natural", or Herns 23a or 23a-f show sdicel Examiner must be notified at	by Funeral Director	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forcas? 1 Yes 253 If Yas, Giva A Yaar or Datas:			f Yas, specify		penic Origin? (Sp , Maxican, Puerto Specify:	Rican, atc.)	Bla Specif	ck, Whita, atc.	
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Maryland	ON GE TO SE		19a. Informant's Name/Raiationship (19b. Mailin	g Addrass (St	treet ar	nd Number or Run	al Routa Numb	per, City or Town	Stata, Zip Co	de)
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	7		1-26VA	MAN G			р3	3579	92		JULY 25	, 1996	
	d		30. Nema and addrass of person who completed cause of death (Item 23a) (Type, Print)										
	0		SWAROOP RAO, MD -					ROCK	KVILLE. M	IARYLAN	D 20852		

SWAROOP RAO, MD - 50 W. EDMONSTON DRIVE - ROCKVILLE, MARYLAND 20852

32. Registrar's Signetura

Lukia Savidson Randelle

DHMH 16 Rev 6/95

State

Registrar

31. Data filed (Month, Day, Year)

JUL 3 0 1996

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Reg. No.

Funeral Director

death with the Maryland r than "natural", or learns 23e or 28e-f show the Medical Examiner must be notified at filed within 72 hours after permit. Pages 1 and 2 should be file.
Department of Health and Mercal Hyge any Injury or other.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

attending physician and for use as the buriel-transit The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760, the signed by peen s has certificate or Attending Physician: this Affer t death. thin 24 hours efter death. the Funeral Director: A mpletely filled in by the fu Hospital To the Complet

1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Dey 1996 Year July 27, 9:12 PM Matilda Birdsong Jade 4e. Facility Nama (If not institution, give street end numbar) 4b. City, Town, or Location of Death 4c. County of Death Silver Spring Holy Cross Hospital Montgomery H Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Months) Deys Hours Min. 1 52 July 27, 1996 Mary Land 5. Social Security Number 7. Age (In yrs. last birthday) Birthpleca (State or Foreign Country) Months Yrs none Usuei Residance of Decedent 10a. Stata 10c. City, Town or Location 10d. fnside City Limits Maryland Prince George's 1 ☐ Yas 2X No Directo Hyattsville 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 8105 15th Avenue, #2 20783 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yas, Giva Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritai Status 14. Rece - Amarican Indian. Black White etc Never Merried 2 Married 1 Yes 2 No Specify: Black à 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) None None none 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surname) Myron D. Birdsong Betty Benjamin 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Myron D. Birdsong 8105 15th Avenue, #2, Hyattsville, Maryland 20783 20b. Piece of Disposition (Name of cemetery, crematory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriai 2 X Cramation 3 ☐ Removel from Stete 7-30-96 Beltsville, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Chesapeake Crematory 21. Signatureyot Funeral Seguipe Licensee 22. Name and Address of Facility
Rapp Funeral Services, P.A. 933 Gist Avenue, Silver Spring, Maryland 20910 23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one ceuse on each line. Immediete Cause (Final diseese or condition resulting in deeth) Immatur t Dua to (or as e consequence of): Physician/Medical Examiner Chnioania tos Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying Cause (Disease or injury that initioted events resulting in death) Last Due to (or es e consequence of): Due to (or es e consequança of) Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 24b. Were autopsy findings available prior to completion of causa of death? 24a. Wes an autopsy performed? Completed 1 Yes 2 No 1 T Vas 2 No 25. Wes case referred to medical axaminar? Be 28. Piace of Deeth (Check only one) Hospital: Othar: 4 Nursing Home 5 Residence 8 Othar (Specify) 2 1 Yes 2 No 1 Ñ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Streat end Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 - Homicide

12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) end menner as steled.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) end menner steled. (Check only one) 29b. Signeture and title of certified

29a. Certifier

29d. Data signed (Month, Day, Year)

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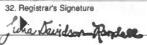
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Peter Ma, M.D., 10810 Connecticut Avenue, Kensington, Maryland 20895 31. Data filed (Month, Dey, Year)

State Registrar

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State of Maryland / Department of Health and Mental Hygiene Q6 23Q21.

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	Funeral Director		Social Security Number 6.		a (In yrs. lest bl		Indar 1 Yaar hths Deys		8. Dete of Birth	Year)	gomery 9. Birthplaca (Country) Floric	(State or Foreign
anyland	show	_	10e. State 10b. County		10c. City, Tow	n or Location	1					side City Limits
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plnods	n and Mente 7 is marked traumatic e	F	19a, Informent's Neme/Reletionship	(Type, Print)	198	. Melling Ad	dress (Street		ural Route Number	r. City or Town.	State. Zin Code	o)
and 2	E 04 b		Dean Gordon Boyle		1	9 501	itaire	Court G	aithersbu	iro Md	20878	
60 7	e e e e e e e e e e e e e e e e e e e		20e. Method of Disposition 1 XBuriel 2 Cremetion 3 I 4 Donetion 5 Other (Special	Removal from Stete	20b. Pleca C	f Disposition ny, cremetory	(Name of or other ple	се)		20c. Location -	City or Town, S	
permit. Pages 1 ar	Important: If any Injury or once.		21. Signeture of Funeral Service Lice		Neelsv	22. Nan 10 I	and Addre	eer Park	DeV	/ol Fune	eral Hon	
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death cert	attendin for use	lan		0								
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law requires that	been sign should be	Completed by							24a. Wes a perfor		aveliable	ion of causa
The la	page 2	E							1□Y	es 2 No	1 ☐ Yes	2□ No
		Bec	25. Wes case referred to medical					26. Place of De	ath (Check only or			
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Bull	After th	Certification: 7	27. Menner of Death 1 (\overline{\Delta}\) Neture	28e. Dete of Inju (Month, De		Tima of Injury	28c. Inju Wo		28d. Dascribe h			
7 4	in the	_	3 ☐ Suicide 6 ☐ Could not learnined	building, et	c. (Specify)				28f. Location (S City or Tow	n, Stete)		
the Hosp	the Funeral D	fedical	(Check only 2 Medicat Exa	nyelcian: To the best miner: On the basis o and mariner st	examination er		etion, in my	opinion, daeth occ	urred et the time, o	lata end plece.	end due to the d	cause(s)
To	To the	M	29b. Signature said tale of consiler	Ju	m		29c. Licens	sa number 3868	7	29d. Data signe	d (Month, Day, 1	Year)
			30. Nema and address of person who Albert J. Steren,				11.05	D - 41	1- W4 -1	0017		

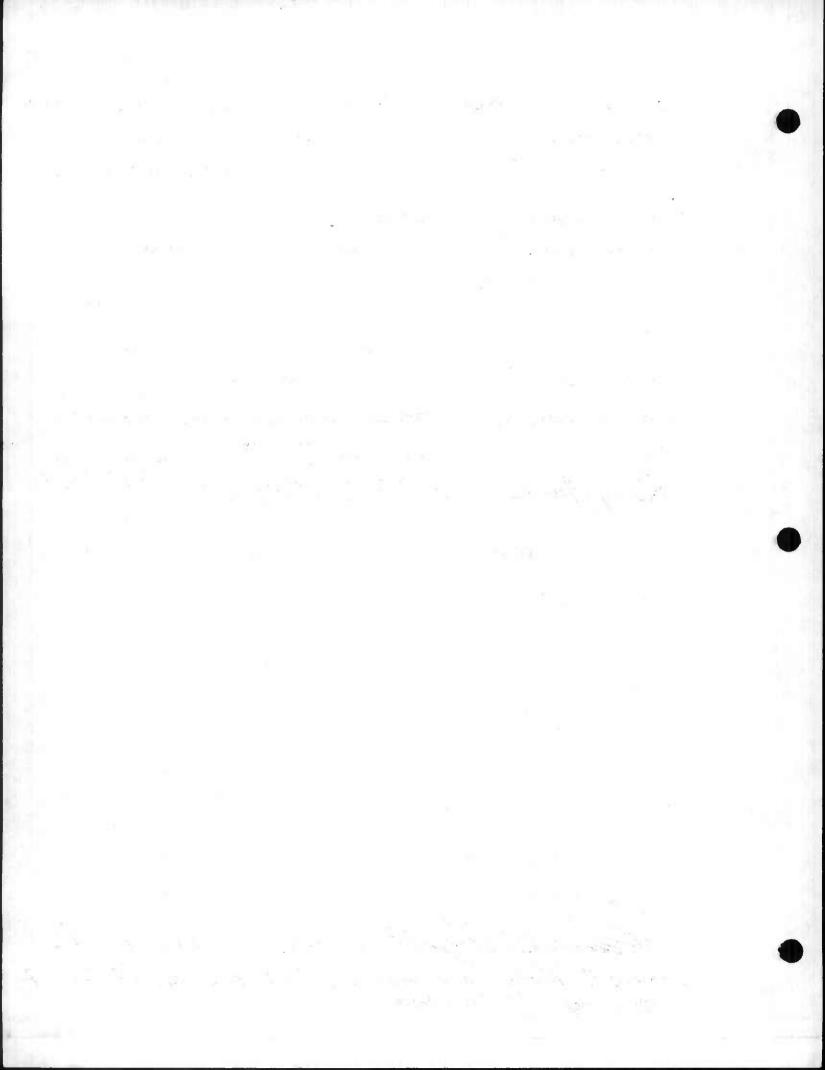
DHMH 16 Rev 6/95

2.

State of Maryland / Department of Health and Mental Hygiene

23925 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month **Physician** BRIEFS ELIZABETH M:53 PM July Holbruner 31 /Medicai 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Suburban Hospital Bethesda Montgomery 5. Social Security Number if Under 1 Year If Under 24 Hrs. 7. Age (In vrs. last birthday) Funerai 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 1 □ M 2 🖾 F Months Days Hours 72 Director 579-20-1256 June 25, 1924 Washington, DC Usual Residence of Decedent Pages 1 end 2 should be filled within 72 hours after death with the Maryland nent of Heatth and Mental thygiene.
ant: If item 27 is marked other than "natural", or itema 23a or 28a-f show ury or other traumatic event, in Medical Exeminations to refilled at 10b. County 10c. City. Town or Location 10d. inside City Limits **Funeral Director** 1 ☐ Yes 2 ☑ No Maryland Montgomery Bethesda 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 4612 Woodfield Road 20814 United States 12. Was Decedent Ever in U,S Armed Forces? 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian. Biack, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: Be Completed by 3 Widowed 4 Divorced White 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Homemaker 12 Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Harry Holbruner Gladyse Smith 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3900 Elby Street, Silver Spring, Maryland 20906 Catherine A. Schorn/Daughter 20b. Place of Disposition (Name of cemetery, crematory or other place Aug. 3, 1996 20e. Method of Disposition 20c. Location - City or Town, State 1 ⊠ Burlai 2 □ Cremation 3 □ Removal from State permit. Page Department important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) St. Mary's Cemetery Rockville, Maryland 22. Name and Address of Fecility
Robert A. Pumphrey Funeral Home
7557 Wisconsin Avenue
Bethesda, Maryland 20814-3501 of Funeral Service Ligenses Funeral Home/Bethesda-Chevy our M00198 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Onset and Deeth **Physician** /Medicai Immediate Cause (Final INFARCTION · MYOCARDIAL ACUTE disease or condition resulting in death) **Examiner** Examiner The law requires that the death certificete be executed bunel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medicai the Due to (or as a consequence of) for use es signed by the eld be deteched for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? peen page 2 20100 this certificate 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician:
 24 hours efter death.
 Funeral Director: After this certifice director, Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) ၉ 1 Yes 2 No 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA filled in by the funerel 27. Menner of Death Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 SNaturel 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. Certifier Medicai 1 critifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) end menner es steted. Madical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) end menner stated. To the Within 2 29b. Signature and title of certifier 29c. License number 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) RANCIS AYLE 10215 FERNWOOD 31. Date filed (Month, Day, Year) AUG 0 2 1996 182, Registrar's Signatura Lice Davidson—Mande 82 State Registrar

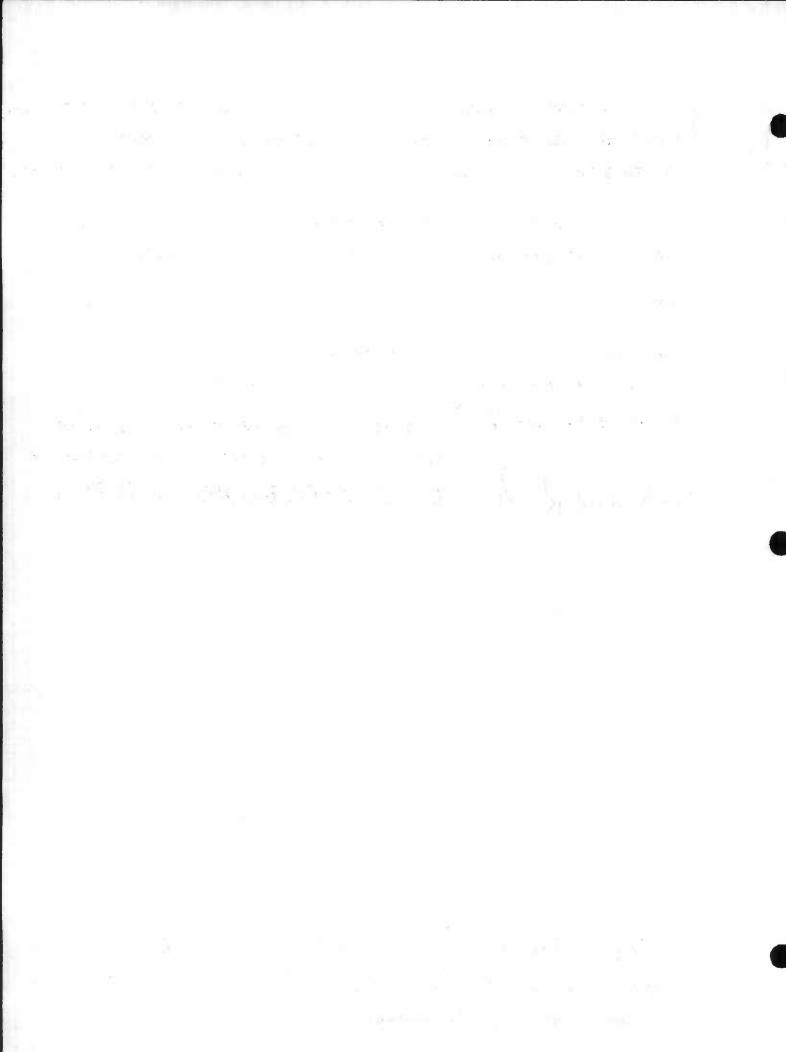
DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene

96 23926

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	Funeral Director		5. Sociel Security Number 6. S 217-30-0510	Sex 7. Age (1 □ M 2区 F 8	(In yrs. lest bi 1	Yrs. If Unc	der 1 Yeer is Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, Di Mar	15,1915	9. Birthplace Country) D1St	e (State or Foreign Of Col
pu	2		Usuel Residence of Decedent 10a, Stete 10b, County		IOc. City, Tow	m or Location					104	Inside Cltv Limits
fanyle	aho a a	5									100.	1.☐Yes 2 ☐ No
the N	18 E	ect	Md Montgo 10e. Street and Number	mery	Sı	lver S	prir Zio Code	ng	-	10g. Citizen of	Affron Country	48
with	0 0	ă		ope Rd,			20905	5		U.S.		
leeth	2	Funeral Director	11. Maritei Status	12. Wes Decedent Ev	er in U.S.				pecify Yes or No		ce - American	Indien.
Maryland 21215-0020 42 should be filed within 72 hours efter deeth with the Marylend	r reein and Mental Frygere. Item 27 is marked other than "natural", or itema 23a or 28a-f ahow other traumatic event, the Medical Examiner must be notified at	by	1 ☐ Never Merried 2 ☐ Merried 3CM/vidowed 4 ☐ Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:			_	tispanic Origin? (Sen, Mexican, Puert Specify:	o Rican, etc.)	Bie Specif	ck, White, etc.	
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e, l	ther 1		Mrs Virginia M 20e. Method of Disposition	arbley			Good	Hope			oring,	Md
Page	0 - 5		1 Buriai 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specif		cemete	ry, cremetory o	r other plei	ch Cem		Silve		
Balt permit.	Important: h any injury o		21 Signature of Funerel Service Lice	hi	le.			Funera Washin	l Home	P.A.	20850 VIII	, Md
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EX	aminer		resulting in deeth)	Di	ue to (or es a	conaequence	of):					77 -
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O g	achex	hys	Part II. Other significant conditions of	ontributing to death but i	not resulting t	n the undertying	J cause giv	/en in Peπ I.		Yes 2 No		e cause of death?
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Records, P.O	been sig should b									an autopsy	24b. Were	autopsy findings bie prior to
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	s certificate he director, page	Be C	25. Wes case referred to medical					28. Placa of Dec		L.		
	s cer direc	ToB	examiner?	Hospitel: 1 Inpatient	2 □ ER/O	utpatient 3 1	DOA Oth	or s		Idence 6 Ott	ner (Specify)	
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DIVISION OF	Director of in by the	Certification:	3 Suicide 8 Could not be determined	28e. Piece of Injury building, etc. (- At home, fa (Specify)	arm, street, fect	ory, office		28f. Location (City or To	Street and Numi wn, State)	ber or Rural R	oute Number,
To the Hospital	within 24 nous ener team To the Funeral Director: completely filled in by the	edicai C	29e. Certifier 1 Certifying Ph (Check only one) 2 Medical Exam	ysician: To the best of r	xeminetion en	e, deeth occurre d/or Investigetion	ed et the tir on, in my o	me, dete end piece opinion, deeth occu	, end due to the irred at the time,	cause(s) end m dete end place,	enner es stete end due to the	d. e cause(s)
Toth	Toth	Me	29b. Signeture and title of certifier	161	no	/ 2	9c. Licens	se number		29d. Dete signe	(Month, De)	r, Year)
			kama f	Win_	1111	~	()35	4032		7/261	96	
	01		30. Neme and eddress of person who	completed cause of dee	th (Item 23a)	(Type, Print)	1	11.	. /	1.1		
			JEMNE P. AS 31. Dete filed (Month, Day, Year)	HER 3720	FARI	RAGUT	AVE	KENS	SINGTON) MD	20895	
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

23927

						Ce	nificate	oi Deatri		Reg. No.		
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/Medi		4a. Facility Name	// not inetitution			10121	7216		or Location of De	25,19	196	8:00 P1
Exami	ner	A SALISANA				TNIG TIO	3.60					(Elipir
Funeral		5. Social Security	OY GROVE	ADVENTI S. Sex	7. Age (in yrs.	ING HO	If Undar 1 Y		Hrs. 8. Data of I		ONTGOI 9. Birtho	
Director		091-09-	-6006	1∑M 2□F	86	Yrs.	Months D	ays Hours I	Vin. (Month,	Day, Year)		laca (Stata or Foreig try) EW YORK
p.		Usual Residance										
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Ne M	octo	MD.		GOMERY		P	OTOMAC					1) Yas 2 N
with the	급	10e. Street and No					10f. Zip Co			10g. Citizen of	What Cour	try?
death with the Maryland ms 23a or 28a-f show rmst be neithed at	Funeral Director	12305	BRIARBI		cedent Ever in U	I	Was Dacadant	of Hispanic Origin	2 (Specify Vac or I	14 Be	U.S.	
ē 2 5	F		ried 2 Marrie	Armed F	orcas?	,,	If Yes, specify	Cuban, Mexicen, P	uerto Rican, atc.)		ck, White,	
d within 72 hours efter dea giene. r than "natural", or items	by		4 Divorced	If Yes, G Yaar or	2□No live Dates: WWI	I	1 ☐ Yes 2 ☒	No Specify:		Specif	y:	VHILIPE
72 hours "netural",	Completed	/Sne	15. Decedent's acify only highest	Education	9	16a. Dece	dent's Usual O	ccupation ona during most of	unding	16b. Kind of B	usiness/inc	dustry
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should be filed within and Mental Hygiene. I marked other than umatic event, the M	Co			2			FIELD	AGENT				CE CO.
d oth	Be	17. Father'a Name		ist)					Name (First, Midd	lle, Maiden Sumar	ne)	
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C1 0 2 6		19a. Informant's N					Jan i	reet and Number o	r Rural Route Nun	nber, City or Town	, Stata, Zip	Code)
permit. Pages 1 end 2 Department of Heelth Important: If Item 27 I any Injury or other tra		20a. Mathod of Dis	B. DUBO	DWY/DAUG		- na	AME AS	TTEM ;	#10 Date	20c. Location	City or To	um State
Pages nent of I int: If Ite		1 □ Burial 2	Cremation 3		Stata	cemetery, cre	matory or other	place)				
permit. Page Department of Important: If I any Injury or page.		21. Signature of F	5 Other (Spe		C		S CREMA	TORY	7/27	RLV	ERDAI	E, MD.
Departm Departm Importar any Injui		10//	nl/ nl/	a aller	10-	-	z. Namo ano A	oorass or racinty				
	-	22a Parti Enter	the disease or	meen		0091	W. W. C	HAMBERS (CO. INC,	SILVER S	PRINC	, MD. 209
Observatoria		shock, or ha	art fallure. List or	ly one cause on	each lina.	un. Do not en	ter the mode of	dylng, such as car	diac or respiratory	arrast,	1	Approximate Interval Between Onset and Death
Physician /Medical		Immediate Cause	(Final		(0	901	0 0		0-11	San w	ļ	V00
Examiner	Н	disease or conditi rasulting in daath)	on	a	Duo to A	or as a conse	LOY	nyoy	aun	4	-	142
سسعي	Der				(0)8	A (7 231	of a fe	84	1200	10!	YRC
ificete be executed g physician end es the bunal-transit	Examiner	Sequentially list of	onditions.	b	Due to (or as a conse	quance of	COOK	July Cr	NICO	/ CC	// 3
certificete be execut iding physician end use es the burial-trar	m	Sequantially list co if any, leading to i cause. Enter Und Cause (Disease o that initiated aven	mmediate arlying		1180	2 MI	ia				i	MADNI
certificete be ex ding physician se es the buria	/Medical	that initiated aveni	ts Last	C	Due to (c	or as a conse	quance of):					1010111
certific ding p	Med			. .								
	ian			.								
requires that the death neen signed by the atten hould be detached for u	Physician	Part II. Other sign	fficant conditions	contributing to	death but not res	ulting in the	inderlying cause	e givan in Part I.	23b. D	d tobacco use co	ntributa to	the cause of deati
es that the igned by be detact									1[☐ Yes 2☐ No	3 Prol	bably 4 Unkno
8 53	d by								24a W	as an autopsy	24b. W	ara autopsy findings
	Completed								pe	rformed?	av	allabla prior to mpletion of causa death?
The law ate has b	E C								4.5	Two of the		
	O	25. Was casa rafe	rred to medical	т				OO Dinne of		Yes 22No	11.	Yes 22 No
Physician: this certific	0 8	examiner?	(No	Hospital:	Inpatient 2	BR/Outpatie	nt 3□ DOA	Other	Death (Check onlying Home 5 Re		or /Consid	
Phys eral di	-	27. Manner of Dea		28a. Date	of Injury	28b. Time o		Injury at Work?		e how injury occur		/)
Attending or death. ector: After by the fune	Certification:	1 Accident	5 Pending investigation		nth, Day Year)	injury		Work? 1 ☐ Yes 2 ☐ No				
or Attendii after death. Director: A I in by the fu	Hice	3 ☐ Suicide 4 ☐ Homicida	6 Could no determin	ad 286. Plac	e of Injury - At h	ome, farm, st	raat, factory, of	lice		(Street and Numi	ber or Rura	l Route Number,
s afte	Cert	4 Homicida		Dunc	ling, etc. (Specil	<i>y)</i>			City of	fown, Stata)		
To the Hospital or Attanding Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	_	29a. Certifiar (Check only	Certifying	Physician: To the	a best of my kno	wledge, deal	h occurred at th	e time, data and p	lace, and due to the	na cause(s) and m	anner as si	ated.
the H in 24 the F	Medical	one)		and mar	nnar statad.	tion and or ii	ivastigation, in i	ny opinion, death c				
S T T TOO	2	29b. Signatura and	tine of earthur	Dan	0		29c. Lic	ense numbar	10	29d. Data signe	d (Month,	Day, Year)
\		-	1001	raw	MA			33/1	_	JULY,	20	, 1716
14)		30. Name and add	rass of person wi	o completed cau	sa of death (Itan	n 23a) (Type	Print)	21/000	1/70	Room	1/1//	, 1996 E, MI
1		21 Deta 1104 (14	KUOP	KNO	501		DIVIC	7147 (0)	DI-1	nuk	VICE	
Sta Regista		31. Date tiled (Moi	111 00		Registrar's Signa		_					
ricgisti	- CI		2 2 3 10	196	chia David	Son-Asin	482					

The state of the s at design a first respectively the transfer of

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Deta of Death **Physician** JULY 27, Day 1996aar 2:37PM ROSE LOVE BINDER /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MONTGOMERY MONTGOMERY GENERAL HOSPITAL OLNEY PTTAL

7. Aga (In yrs. last birthdey) If Undar 1 Yeer If Under 24 Hrs. Months Deys Hours Min.

Q 1 Yrs. Months Deys Hours Min. MARCH 5, 1905 5. Social Security Number 9. Birthplaca (Stata or Foraign **Funeral** 1□ M 2□ F POLAND Director 577-48-0726 Usual Residence of Decedant the Maryland 10a State 10h Counts 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Med cal Examiner must be notified at Director 1 ☐ Yas 2 ☐ No MARYLAND MONTGOMERY SILVER SPRING 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3227 BEL PRE ROAD 20906 UNITED STATES Funeral death 12. Was Decedent Ever In U,S. Armed Forcas? 1 ☐ Yes 2 MNo If Yas, Giva Yeer or Detas: Was Decedant of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puarto Ricen, etc.) 14. Rece - American Indian, Black, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours after c Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Examinary page. 1 □ Nevar Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 🗓 No Specify: þ 3 N Widowed 4 Divorced Specify: WHITE Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Coilega (1-4or 5+) Elamantary/Secondary (0-12) 12 SALES CLOTHING 17. Father's Neme (First, Middla, Last) 18. Mother's Nema (First, Middla, Maiden Surname) Be SOLOMAN LOVE ANNA FRIEDMAN 19a. informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 1 GREENLANE COURT - POTOMAC, MARYLAND 20854 JACK BINDER 20a. Mathod of Disposition 20b. Piece of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Steta 1 X Burial 2 ☐ Cremation 3 ☐ Ramovel from Stata NATIONAL CAPITOL HEBREW 7/29/96 CAPITOL HEIGHTS, MD. 4 ☐ Donetion 5 ☐ Othar (Specify) 22. Name end Address of Fecility DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 21. Signeture of Eugeral Service Licensee 1170 ROCKVILLE PIKE - ROCKVILLE, MARYLAND 20852 23a. Part1. Entar tha diseasa, or complications that caused the deeth. Do not entar the moda of dying, such es cerdiec or respiretory arrast, shock, or haart failura. List only one ceusa on each line. Approximata Interval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in death) Examine Examiner i or Attending Physicien: The law requires that the death certificate be speculed deter death.

Director: After this certificate has been signed by the attending physician and d in by the invertal director, page 2 should be deteched for use as the bunkel-transit d in by the funeral director, page 2 should be deteched for use as the bunkel-transit Sequentially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Diseasa or injury that initiated evants rasulting in death) Last P.O. Box 68760. Physician/Medical Due to (or as a consequence of): Part il. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 500 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wara autopsy findings aveilable prior to complation of ceuse of death? 24a. Wes an autopsy performed? Completed page 2 s 1 Yas 1 ☐ Yas 2 ☐ No 25. Was casa rafarrad to medical axaminer? Be 26. Placa of Death (Check only ona) SENO Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 1 Yas Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28a. Data of Injury (Month, Day Year) 28c. injury at Work? Naturai 5 Panding investigation 1 Yas 2 No 2 Accidant To the Hospital or Atterview within 24 hours effer des To the Funeral Director completely filled in by the 3 Suicida 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Placa of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 ☐ Homicide Medical Scentifying Physician: To tha bast of my knowledga, daeth occurrad at tha tima, data and place, and dua to tha cause(s) and manner as stated. 29a, Certifian 2 Medical Examiner: On the basis of exeminetion end/or invastigation, in my opinion, deeth occurred et the tima, data and place, and due to the cause(s) and manner steted. 29b. Signeture end title of certifian 29c. License number 29d. Date/signed (Month, Day, Year) 30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print) MD - 18111 PRINCE PHILLIP DRIVE - OLNEY, MARYLAND 20832 WILKINSON J. NINALA,

DHMH 16 Rev 6/95

State

Registrar

31. Data filed (Month, Day, Year)

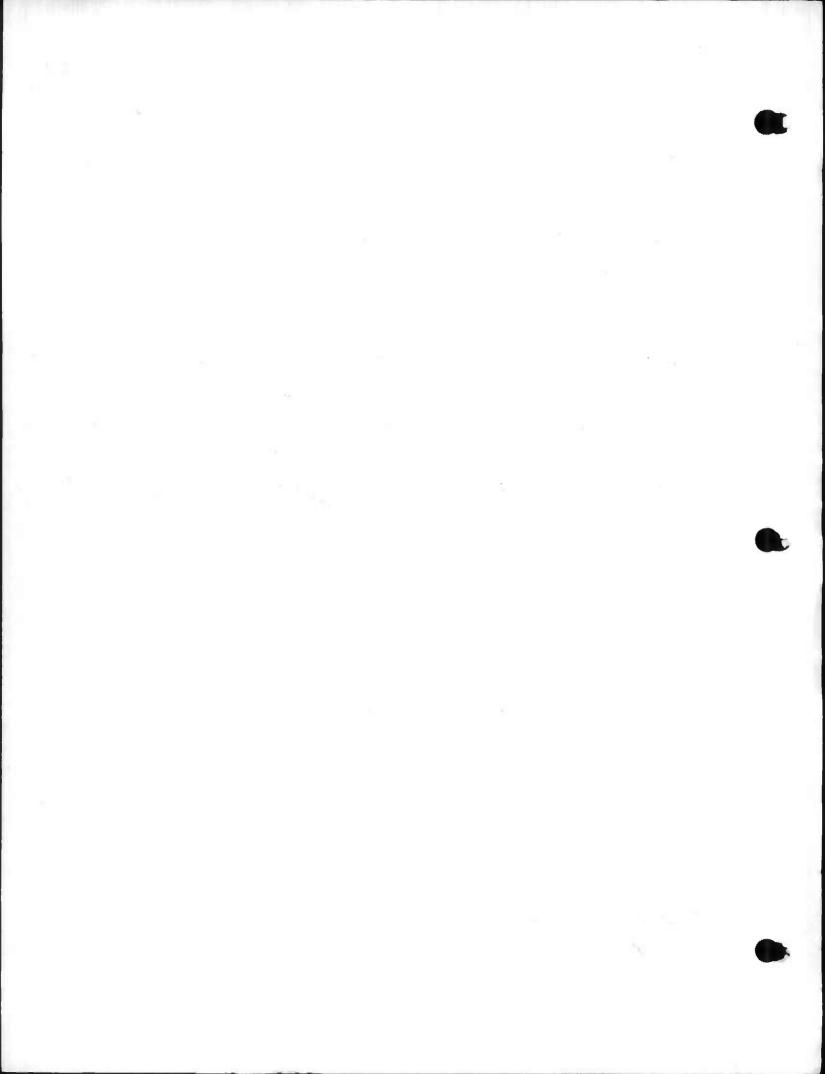
32. Registrar's Signatura

while Davidson

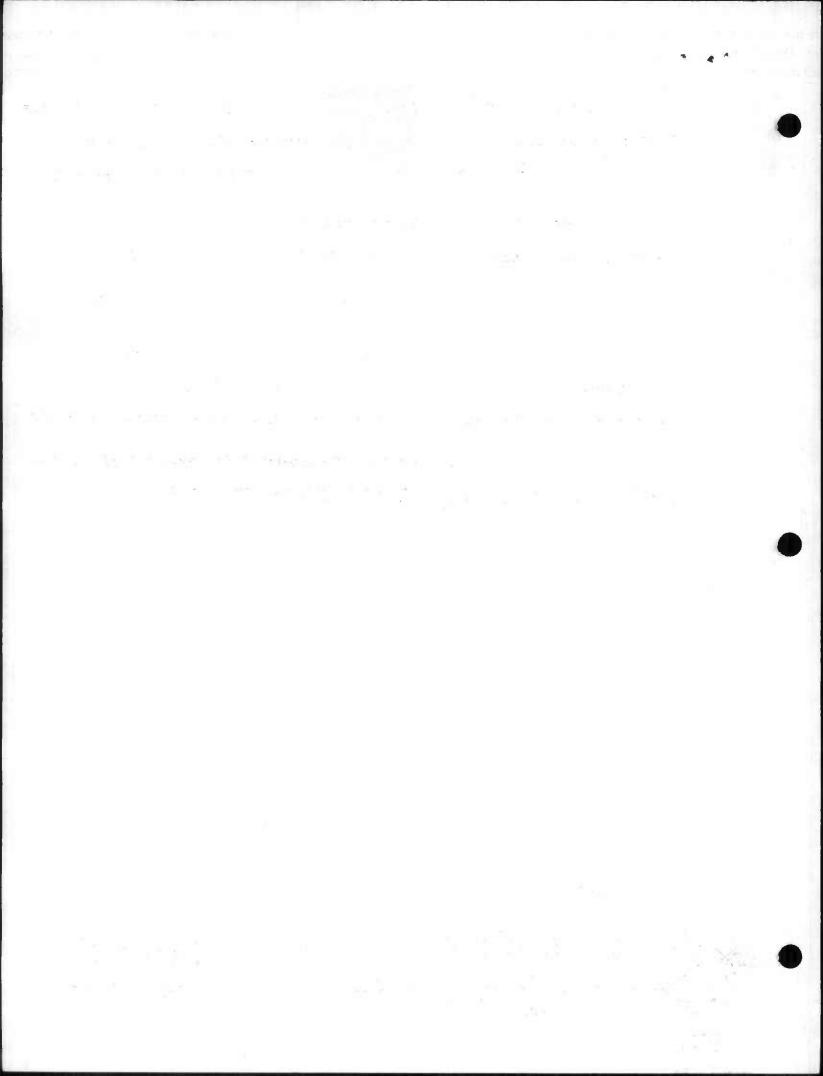
BALTIMORE, MARYLAND 21215-0020

THE HOSPITAL ON STRUCTOR OF VITAL RECORDS, P.O. BOX 68/60. TO THE HOSPITAL ON STRUCTOR OF PAYSICIAN: The law requires that the death certificate be executed within a count of the found of the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate bas been signed by the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Degr. of Health and Merital Hygiene prior to brinal, criminalin, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O		AY	YEAR	3. TIME OF DEATH
	LENORA	BLEC	CHMAN					July		996	· LAIN	5:20 A M
H	THE PERSON NAMED IN COLUMN	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEA		F UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
1 1	3//-04-9000	1 M 2 K F	88	YRS.			OUNS MIN.	Aug.	3, 19	07		hington, DC
_	9a. FACILITY NAME (If not institution, give stre	set and number)			9b. CITY, TOW	VN OR I	LOCATION OF	DEATH		9c. COU	NTY OF D	EATH
0 0	Suburban Hospital				Bet	the	sda			Mo	ntgo	mery
DIRECTOR	10e. STATE 10b. COUNTY			10c. CITY	TOWN OR LO	CATIO	٧				- 1	10d. INSIDE CITY
占	Maryland Mont	gomery			Rockvi	11e						LIMITS?
AL	100. STREET AND NUMBER						P CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	6121 Montrose Road						2085	2		U	.S.A	•
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT	T EVER IN U.S. ARI	MED			DENT OF HISP by Cuben, Mexi				14. BACE	American Indian, k, White, elc.
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR DATES				NO Spec				Speci	
ED	15. DECEDENT'S EDUCA	ATION	16a, DE	CEDENT'S	USUAL OCCUP	ATION		16h 1	(IND OF BU	SINESS/INI	DUSTRY	white
	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	(GI		ork done during		of working					
COMPL	12 Years			retai	CV				Priva	ite		
ő	17. FATHER'S NAME (First, Middle, Last)					1	6. MOTHER'S					
BE (Max Lippman						Mary	Wolf				
2	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Stre	eet and	Number or Run	I Route Numbe	r, City or Tow	rn, State, Zip	p Code)	
-	Arlen Blechman		42	1 Bea	numont	Ro	ad, Si	lver S	pring			
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove	val from State	20b. PLACE A Actinglesy, cipi Cemet	ND DATEO	F DISPOSITION	Y PO	of 8/0	1/1996	20c. LC	CATION -		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	NSEF	Cemet	ery	22 NAME	E AND	ADDRESS OF	EACH ITY	Was	hing	ton.	DC
			temye		STE	IN	HEBREW	MEMOR	IAL I	UNER	AL H	OME, INC.
	Honold C.		-	_	WASI	HĬÑ	GTON.	D.C.	2001	2-20	95	
	23. PART I. Enter the diseases, or co shock, or heart failure. L	omplications that ist only one ceu	t cause s /the de se on each line	nth. Do n	ot enter the	mods	of dying, su	ich as cardi	sc or resp	iratory sn	rest,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition											Onset and Death
	resulting in death) s		COCARDIA			ON						ACUTE
z												3 DAYS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	RACTURED (OR AS A CONSEC	DUENCE OF): 1T HTE							J DAIS
2	CAUSE (Disease or Injury C.											
별	that initiated events	DUE TO	(OR AS A CONSEC	UENCE OF):							
55	d.											
	PART II. Other significent conditions	contributing to	deeth but not re	esulting i	n the underl	lying c	euse given i	in Part I.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS
EDICAL									1 TYES			COMPLETION OF CAUSE OF DEATH?
E I											- 1	1 TYES 2 NO
ΪŻ	DID TOBACCO USE C	ONTRIBUTE	TO CAUS	E OF	DEATH	YES	S D N	<u>○ □ </u>				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-		OTHER:	B. PLAC	E OF DEATH	Check only one)			
₹	1 X YES 2 NO 27. MANNER OF DEATH	1X Inpetient 2		DOA 28b, TIME			5 Residenc					
	1 Natural 5 Pending	(Month, D	ay, Yoar)	INJ	URY	WORK	7		RIBE HOW	INJUNY OC	COMED	
ВУ	2 X Accident Investigation 3 Suicide 8 Could not be	July 28e. PLACE O	F INJURY Al ho				- A	_	rell	and Numbe	r or Rumi i	Route Number,
밀	4 Homicide 8 Could not be	oullaing,	etc. (Specify)		,			City or	Town, State)		
1 2	29a. CERTIFIER 1 CERTIFYING PHYSIC			ath occurre	d at the time a	dete en	od place, and d				ted	
COMPLET	(Check only one) 2 MEDICAL EXAMINER											a) and manner as stated.
	201 STORY NAD TITLE OF CERTIFIER	011					9c. LICENSE N					(Month, Day, Year)
BE	denne	Elv	ull	1			D0700					27, 96
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CA	OF DEATH (ITEM	# 177 (Type)	Print)	-	D0700	1		ı J	шту	2,, 10
	Frances C. Mayle.	10215 F	ernwood	Road	Beth	esd	a, MD	20817	7			
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE									
	JUL 3 1 1996	Julia Da	Hidson Ban	dage_								
		U.										DHMH-18 Rev 1/89



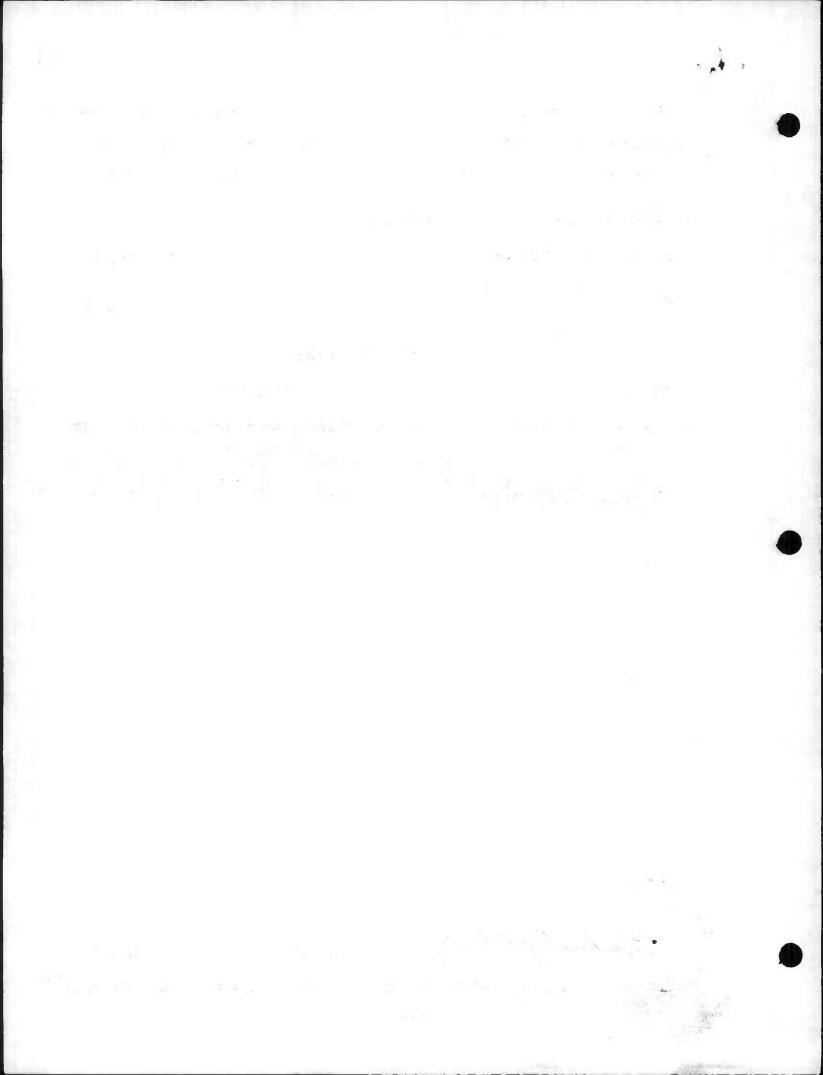
State of Maryland / Department of Health and Mental Hygiene Amendea #20b, 20c, 8/1/96, MRT, Montg Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Tima of Deeth Day **Physician** Gladys 1996 5:00 a.m V. Budd July 27, /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 11 Branchwood Court Sandy Spring MONTGOMERY If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth Hours Min. (Month, Day, Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Montha Deys 1□M 2X0F 67 218-30-4951 Yrs. Director July 5,1929 Maryland Usual Residence of Decedent death with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or itema 23e or 28a-f ehow traumetic event, the Medical Exacticer count be notified at 1⊠ Yes 2□No Director MD Montgomery Sandy Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 11 Branchwood Court 20860 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11 Meritel Stetus permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: if them 27 is marked other than "naturel", or iten any injury or other traumatic event, the Modical Examines once. Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give 1 ☐ Never Merrled 2 ☑ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2€No Specify: Black þ Specify: 3 Widowed 4 Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 5th Domestic None 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Gene Carter Haley Lincoln 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 11 Branchwood Ct., Sandy Spring, MD 20860 Robert H. Budd (Husband) 20c. Location - City or Town, Stete Alexandria, VA 20a. Method of Disposition 20b. Placa of Disposition (Name of camelery, crematory or other piece Crematory Metropolitan Crematory 12/96 1 ☑ Burial 2 ☑ Cremation 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Alexandria, 21. Signeture of Funerei Service Ligensee 22. Name end Address of Fecility SNOWDEN FUNERAL HOME, ROCKVILLE, MD 20850 in the control of the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, re. List only one cause op each line. 23e. Pert1. Enter the g **Physician** Immediate Cause (Finel disease or condition resulting in deeth) /Medical Examiner Due to (or as a gonsequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760 8 Physician/Medical 2 Due to (or as a consequence of): 1 P.O. Part II, Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? 24s. Was an autopsy Completed ate has 1□ Yes 25 No 1 ☐ Yes 2 ☐ No 25. Was case rateful 88 26. Place of Death (Check only one) examinar 1 24 Yes Other: 4□ Nursing Home 5 ☐ Residence 6 □ Other (Specify) Certification: To 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 set Death 28d. Describe how injury occurred 1 LeNatural Attending 5 Pending 1 ☐ Yes 2 ☐ No investigation 2El Accident or Attend after death Director: 6 Could not be 3 ☐ Suicide Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 C Homicide To the Hospital or within 24 hours at To the Funeral D 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical 2 Medical Examiner: On the basis of examiner and manner stated. (Check only sination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29b. Signature and the of certifier Qd. Date signed (Month, Day, Year) Soveris Hrance AUG 01 Registrar



State of Maryland / Department of Health and Mental Hygiene 96 23931

	Amena	g d	#10e, 8/1/96,	MRT, Mon	tg. C	t Certific	ate of	Death		Reg. No.	0 2	_0 _ 0 1
			1. Decedeni's Nama (First, Middla, Las						2. Data of Dea	th		3. Tima of Death
	Physic		Agnes White Ba	ilev					July 2	7, 1996	Year	8:25 PM
	/Medi Examii		4a. Facility Nama (If not Institution, give	-				4b. City, Town, or L				0.25 111
	Exami		9305 East Parkhi	11 Drive				Bethese	ia.	Mon	tgome	rv
	Funeral		5. Social Sacurity Number 6. Se	ax 7. Ag	a (In yrs. last t		dar 1 Yaar	if Undar 24 Hrs.	8. Data of Birth (Month, Day			ca (Stata or Foreign
	Director		393-32-4211 1 Usual Rasidanca of Dacedant	□ M 2\\ F	81	Yrs. Monti	hs Days	Hours Min.	August 1	, 1914	Cana	
	Mend Mend		10a. Stata 10b. County		10c. City, To	wn or Location					10d	I. Inside City Limits
	Me H	to	Maryland Montgom	erv	l E	Bethesda	ı					1 ☐ Yas 2X No
	1 28 L	Director	10e. Street and Number Parkh		1	10f.	Zip Code			log. Citizen of V	What Country	n
	h wit		9305 East Bexhil	1 Drive			208	14		United	State	9 6
	deat	Funeral	11. Marital Status	12. Was Decedani I	Evar in U,S.	13. Was Da	cedani of l	Hispanic Origin? (Sp an, Maxican, Puarto	ecify Yas or No-		e - Amarican	Indian,
020	s 1 and 2 should be filed within 72 hours effer death with the Menyland f Haalth and Mental Hygiene. Item 27 is marked other than "naturel", or itema 23a or 28a-f ahow other treumatic event, the Medical Expenser must be positived at	by Fu	1 ☐ Navar Marrlad 2 ☐ Marrled 3 🔯 Widowed 4 ☐ Divorced	Armed Forcas? 1 ☐ Yas 2 [X] N If Yas, Giva Yaar or Datas:	No			Specify:	Hican, atc.)	Specify	ck, Whita, at	ite
ŏ	2 hou	8	15. Decedant's Ed	ucation	16	a. Decedant's U	Isuai Occu	pation		16b. Kind of Bu		
212	hin 7	Completed	(Specify only highast grade Elemantary/Secondary (0-12)	da completed) College (1-4or 5		(Giva kind of lifa. DO NO	work dona	during most of work	ing			
2	d wit	PO	Lional and y cool loary (o'll)	4	17)	Music	Insti	cuctor		Colle	ge	
2	al Hy	Be	17. Fathar's Neme (First, Middla, Last)					18. Mother's Nem	a (First, Middla,	Maidan Suman	na)	
<u>S</u>	Ment Ment mrked	To	John White					Lucy	Lewis			
2	and and lis m		19a. Informant's Name/Reletionship (7	ype, Print)	15	b. Meiling Addr	ass (Stree	t and Number or Ru	rai Route Numbe	r, City or Town,	Stata, Zip C	ode)
2	end eaith m 27		George R. Bailey	/ son	3	Victor:	ia Cr	ossing Cou	ırt, Gait			
0	Peges 1 flent of H int: If ite		20a. Mathod of Disposition 1 ☐ Burlal 2 💆 Cramation 3 ☐	Ramoval from Stata	20b. Placa camai	of Disposition (Nama of or othar pla	July 29	Data 1996	20c. Location -	City or Town	1, Stata
	Per High		4 ☐ Donation 5 ☐ Other (Specify		Monte	omery C	remat	corium, li	ic.	Bethesd		
Baltimore, Maryland 21215-0020	Department of Health Important: If item 27 any injury or other tr		21. Signature of Funeral Service Licen	millando	M0083	. Bet	hesda	a-Chevy Cl	nase, In	c. 7557	Wisco	eral Home/
			23a. Part1. Enter the disease, of comp	lications that caused	tha death Do	Ave	nue,	Bethesda	Maryla	nd 208		D1 opproximata
	Physician		23a. Part 1. Enter the disease, of companion, or heart failure. List only of	na causa on aach lin	na.				or raspiratory are		Ir	nterval Between Onsat and Death
	/Medical		Immediate Causa (Final disaasa or condition	Wataat	- 4 0-						i	
	Examiner		rasulting In death)			varian (<u> </u>				l year
_	D #	ner			`	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1	
	death certificete be executed e attending physician and od for use es the burial-transit	Examiner	Sequentielly list conditions,	b	Due to (or as	consequance	of):					
Š,	oe exe cian s ourial		Sequentielly list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or Injury	c							-	
58760,	physic the t	Wedical	that initieted events rasulting in death) Last	1	Dua to (or as a	consequance	of):					
×	ding ph			d								
Rox	eath ce attendir I for use	Physician/									- th	
ت. ن	y the d	iysi	Part II. Other significant conditions co	ntributing to death bu	ut not rasulting	in the underlyin	g causa gi	ven in Part I.				he cause of death?
	iaw requires that the de as been signed by the a 2 should be deteched f			T					101	es 2. No	3 Probal	bly 4 ☐ Unknown
Sp.	n sign	ed by							24a. Was a		24b. Were	autopsy findings
ပ္ပ	w require been sign should b	Completed							perfor	med?	avalle comp of de	abla prior to pletion of causa
P T	The la	E C							100	as 210 No	183	Yas 2□ No
<u> </u>	ifficat or, pa	Be C	25. Was casa refarred to medical					26. Pleca of Deel			101	85 20140
5	Physician: The law this certificate has b and director, page 2 s	To B	avaminar?	Hospital:	nt 2 FB/0	Outpatient 3	DOA Ot	har	oma 5 🛛 Rasid		ar (Specify)	
0 ;	T = 6		27. Mannar of Death	28a. Dete of Injur (Month, Day		Tima of Injury	28c. inju Wo		28d. Describe h			
<u>o</u>	thending is death. ctor: After y the funer	atio	1 ☑ Natural 5 ☐ Panding 2 ☐ Accidant Invastigation	(Inonsi, Day	7.00.7	M		Yas 2 □ No				
Division of Vital Records,	or Attending after death. Director: After In by the fune	Certification:	3 Suicida 4 Homicida 6 Could not be determined 28a. Placa of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Streat and Nur City or Town, State)								er or Rural F	Pouta Number,
ָ ב	Accident 2 Accident 3 Suicide 4 Homicide 1 Accident 3 Suicide 4 Homici						ad at the ti	me date and place	and due to the			
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai	(Check only one)	inar: On the best of and mannar sta	examinetion a	nd/or Invastigat	ion, in my	opinion, deeth occur	red at tha tima, d	lata and placa,	and dua to th	ne cause(s)
-	vithin 2 To the complet	M	29b. Signatura and titla of certifiar	0/11	0.		29c. Lican	sa number	2	9d. Data signe	d (Month, De	y, Year)
	31	1	Muchue	(1)	lay		D	15901		July 2	9, 19	96
	2		30. Name and addrass of person who c	omplated causa of de	aath (Itagh 23a) (Type, Print)					, -,	
	12/33		Michael J. Grady	, M.D. 4	910 Mas	ssachuse	etts	Avenue, N	.W., #31	2, Wash	ingto	20016 n, DC
	Sta	te	31. Deta filed (Month, Day, Year)		r's Signatura			-				

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene

23932 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 2. Date of Deeth **Physician** 9 1996 4c. County of Deeth richard 46. City, Town, or Location of Death 6.10 AM /Medical 4e. Fecility Neme (If not Institution, give street and number, **Examiner** Washington Adventist Hospital Takoma Park Montgomery If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Days Hours Min. (Month, Day, Year) 5. Sociei Security Number 6 Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1X M 2□ F Days Yrs. 579-22-1092 70 Director Feb. 22, 1926Washington, D.C Usual Residence of Decedent 10a Stete 10h County 10c. City, Town or Location 10d. Inside City Limits Res 1 X Yes 2 □ No Director Death, Certificate cleared by Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 1519 Lemontree Lane 20904 United States Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1∑X es 2 □ No If Yes, Give Yeer or Detes: WWII 14. Rece - American Indien, Bleck, White, etc. 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lt Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 1 Never Merried 2 Merried 1 ☐ Yes 2 X No Specify: by 3 ☐ Widowed 4 ☐ Divorced WWIT White Medical Examiner Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Chairman of the Board Bergmann's Laundry, Inc. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) Be George Pearson Bergmann Mabel English 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1519 Lemontree Lane, Silver Spring, Maryland 20904 Shirley M. Bergmann - Wife 20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 1 XBurlai 2 Cremetion 3 Removel from Stete ion 5 Quiter (Specify) Rock Creek Cemetery 7-22-96 Washington, D.C. 21. Signus e of Funeral S 22. Neme end Address of Fecility Hines-Rinaldi Funeral Home, Inc. 11800 New Hampshire Ave., Silver Spring, MD 20904 $11800 \ \ \text{New Hampshire Ave.}, \ \text{S1}$ uplications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, rone cause on each line. Approximete Intervel Between Onset end Deeth Physician PUMP FAILURE /Medical Immediate Cause (Final 12 HOURS disease or condition resulting in death) Examiner Examiner CARDIAL Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting Due to (or es e consequence of): ACIDOSIS Box 68760, SEVERE Physician/Medical that initiated events resulting in death) Last Due to (or es e consequence of): ARTERY DISEASE. CORONARY Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. P.0. 23b. Dtd tobecco use contribute to the cause of death? CORONARY SPASM 1 Yes 2 No 3 Probably 4 Vnknown Records, À 24b. Were autopsy findings aveileble prior to PREVIOUS CORONARY SURGERY 24a. Wes an eutopsy Completed completion of cause of deeth? 1 ☐ Yes 2 No 1 ☐ Yes 2 No Division of Vital or Attending Physician: Be 25. Wes case reterred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA 1 ☐ Yes 2 ☐ No Certification: To 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. tnjury et Work? 28b. Time of 28d. Describe how injury occurred After 5 Pending investigation 1 Meturel s after death. 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 6 Could not be determined 3 Suicide 28e. Pieca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28t. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide within 24 hours a

To the Funeral D

completely filled Hospital 29e. Certifier 🗷 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) and menner as stated. 2 Medical Exeminer: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end menner steted. 29b. Signeture and title of partitle 29c. License number 29d. Dete signed (Month, Dey, Year) 18551 M.D. Name and address of person who completed cause ot deeth (Item 23e) (Type, Print) SAMIR NEIMAT, M.D. 7610 CARROLL AV. TAKOMATARK, 32. Registrer's Signeture 31. Dete tiled (Month, Dey, Year) State JUL 2 9 1996 Ticked Vairdson Registrar

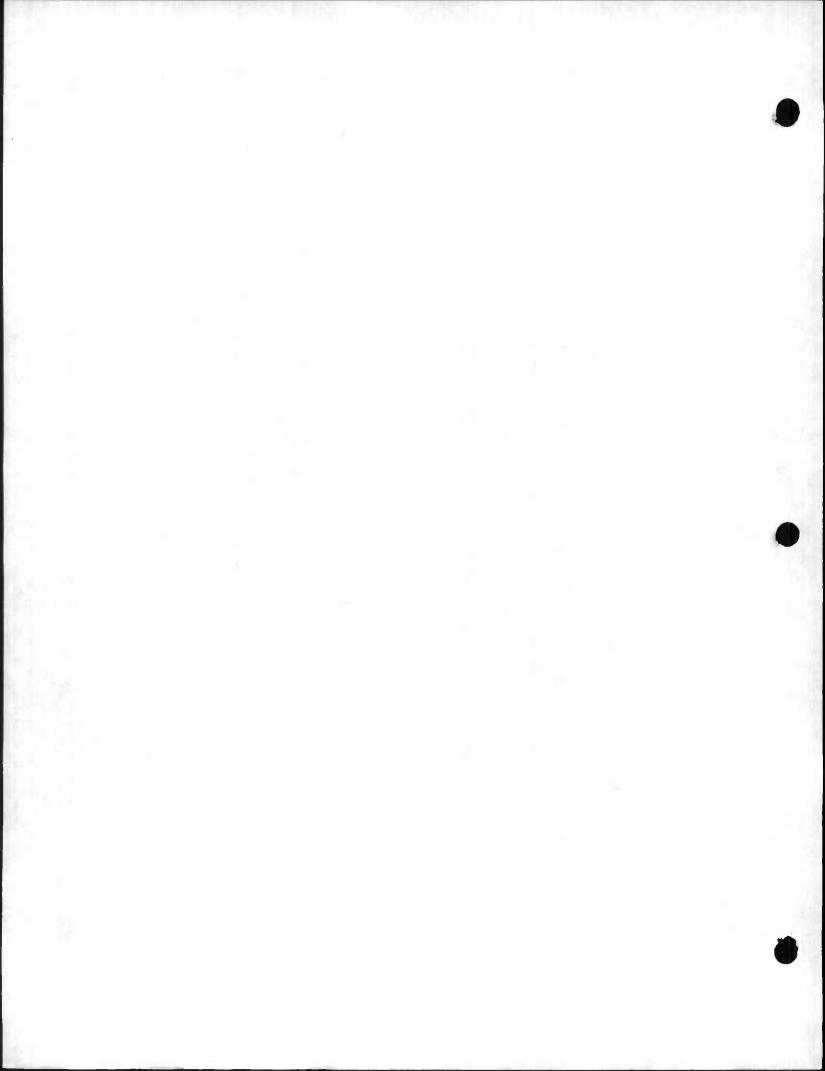
DHMH 16 Rev 6/95

VOID
CERTIFICATE #

96_23933

SEE
CERTIFICATE #

95_41506



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** Charles Theodore Brissey, Sr. 9,1996 July 13:40 /Medical 4e. Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 209 Creek Point Road Centreville Oueen Anne's If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Dey, Year) 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 1₩ M 2□ F 220-24-1614 Yrs. 66 Director Mar. 2, 1930 West Virginia Usual Residence of Decedent deeth with the Maryland 10a. State 10b County 10c. City. Town or Location 10d. inside City Limits 28a-f ahow event, the Medical Examiner must be notified at Director Md. Queen Anne's 1√ Yes 2 No Centreville 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zlp Coda ò 209 Creek Point Road 21617 U.S.A. 238 flems ? 14. Rece - Amarican Indian, Bleck, White, atc. 12. Wes Decedent Evar in U.S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexicen, Puerto Rican, atc.) filed within 72 hours efter 1 Yes 2 No 1 ☐ Never Married 2√Married 21215-0020 6 1 ☐ Yes 2 ☐ No Specify: þ White 3 ☐ Widowed 4 ☐ Divorced Year or Dates: "natural" Completed 16e. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Stromberg Sheet Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. int: if item 27 is marked other than Elamentary/Secondery (0-12) College (1-4or 5+) 12 Sheet Metal Worker Metal Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meidan Sumama) Be Grover S. Brissey Alma Davis 19e. Informent's Neme/Ralationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 s
Department of Health ar
important: if Item 27 ia
any Injury or other trau Mrs. Jean Brissey (Wife) 209 Creek Point Rd., Centreville, Md. 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 1996 Dete 20a. Method of Disposition Burial 2 Cremetion 3 Removel from State
4 Donetion 5 Other (Specify) July Chesterfield Cemetery Centreville, Md. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Fellows, Helfenbein & Newnam Funeral HOme, P.A. tights that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 21619 Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel etastalic 18 mas disease or condition resulting in deeth) concer **Examiner** Due to (or es e consequence of): The law requires that the death certificete be executed Sequantially list conditions, if any, leeding to immadiate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last and Due to (or as e consequence of): Box 68760. ettending physician for use as the buria Physician/Medical Dua to (or as a consequence of) ed by the e Pert it. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. es been signed by 2 should be detac 3 Probably 4 Unknown 1 Yes 2 No à Completed 24b. Were autopsy findings available prior to 24e. Wes an autopsy performed? completion of causa of death? hes certificate 1 ☐ Yes 2 ☐ No I or Attanding Physician: after death.
Director: After this certifica Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) axaminar? Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Yes 2X No 2 27. Menner of Death 28a. Dete of tnjury (Month, Dev Year) 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? Neturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigetion 6 Could not be determined 28e. Plece of injury - At home, farm, street, fectory, office building, atc. (Specify) 3 Sulcide 26f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Dis completely filled in edicai 1 Certifying Physician: To the best of my knowledge, deeth occurred at the tima, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) M.D 5117 30. Name end eddress of person who completed ceuse of deeth (Nam 23a) (Type, Print) 400 M) zwey, M.D

S2. Registrar's Signature.

Julia Davidson-Randell

DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Day,

State of Maryland / Department of Health and Mental Hygiene 06

e 96 23935

					Ce	rtificate of	Death		Reg. No.	0	2000	
			1. Decedent's Name (First, Middle, La	est)				2. Dete of D	eath		3. Time of Death	_
	Physic /Medi		Marquerite	Sara	Blake	2		Month Till v	Day 22,19	Yeer 9.6	5:50AM	
	Exami		4e. Fecility Neme (If not institution, giv	- vara			4b. City, Town,	, or Location of Dea	th 4c. County	of Deeth		
			Towers Gardens	300 Calver	t Roa	ıd	Steve	ensville	e Qu	een	Anne's	
	Funeral Director	7	5. Sociel Security Number 6. S 381-34-5744	6ex 7. Age (in yrs. 36	iast birthday) Yrs.	Months Deys	If Under 24 Hours	Min. (Month, D			place (State or Foreign ntry)	
			Usuel Residence of Decedent					reb.	7,1910	_Mi.		
	Merylen a-f show	tor	Md. 10b. County Queen A		y, Town or La tever	ocation Isville				1	10d. Inside City Limits 1 ☐ Yes 2€ No	
	n with the	al Director	10e. Street end Number Towers Gardens	s 300 Calve	rt Ro	10f. Zip Code 216	66		10g. Citizen of	Whet Cou		
020	filed within 72 hours efter death with the Meryland Hygiene. ther than "natural", or flerna 23a or 28a-1 show ent, the Medical Examiner must be notified at	by Funeral	11. Meritel Status 1 Never Married ** Merried 3 Widowed 4 Divorced	12. Wes Decedent Ever in U, Armed Forces? 1 Yes, Give Yeer or Dates:		Wes Decedent of H If Yes, specify Cube 1 ☐ Yes 2XX0	dispenic Origini en, Mexican, P	? (Specify Yes or N uerto Ricen, etc.)		ck, White,	cen Indien, etc.	
ŏ	2 hou	8	15. Decedent's Ed	ducetion	18e. Dece	dent's Usuel Occup	patlon		16b. Kind of B	usiness/In	dustry	-
121	within 7 ene. than "n	Completed	(Specify only highest green Elementery/Secondery (0-12)	College (1-4or 5+)		kind of work done DO NOT use retired	during most of d)	working				
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any injury or other traumatic event, The M 000.8.	To Be Co	17. Fether's Neme (First, Middle, Last) Lao Russell)	1100	DOWLE		Neme (First, Middle Jewel L		10)		
ary	shou and M umat	-	19e. Informent's Neme/Reletionship (Type, Print)	19b. Melli	ng Address (Street				State, Zij	Code)	
Σ	alth e		Geraldine Rice	e Daughter	300	Calvert	Rd.,	Steven	sville,	Md	. 21666	
nore	Peges 1 of He nert of He nnt: If item ury or oth		20e. Method of Disposition 1 ☐ Buriel ★☆Cremetion 3 ☐	Removel from Stete	emetery, cre	osition (Name of matory or other place	Ju	1y 23,				
	artme ortan injur		4 □ Donetion 5 □ Other (Specification 21. Signetyre of Funerel Service Licen	CII	esape	eake Cre	ematio	n Cente	r Cr	nbe	er, Md.	
ä	Depariment of the part of the		1/homas K	Hook how	I	2. Name end Addre Newnam F 106 Sham	Tunera	1 Home,	P.A.	Ma		
			23e. Pert1. Enter the diseese, or com shock, or heert feilure. List only	plicetions thet caused the deeth	n. Do not en	ter the mode of dylr	ng, such es car	rdiac or respiretory	errest,	MG.	21619 Approximete Interval Between	
	Physician /Medical		immediete Ceuse (Final								Onset and Deeth	
	Examiner		diseese or condition resulting in deeth)	e	5	quence of):	···					
		ē		Due to (o	es e conse	quence of):				i		
	outed	Examiner	Sequentially list conditions		as a conse							-
oʻ	e exec ian ar irial-ti		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	200 10 (0		400.00 0.7.						
68760,	certificete be executed ding physician and se es the burial-transit	Medical	Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest	C. Due to (or	es e consec	quence of):						-
XO			C	d							_	
.00	deat te ett ed fo	sicia	Pert il. Other eignificant conditions co	ontributing to death but not resu	ilting in the u	inderlyling cause giv	ven in Pert I.	23b. Dic	I tobacco uee co	ntribute t	o the cause of death?	_
, P.O	res thet the death signed by the etter I be deteched for t	by Physician	CHF				SHELL SECTION	15	2□ No	3□ Pro	bably 4 Unknown	1
Records,	been should	Completed b	Emphyse	ma ar ten de					s an autopsy formed?	ev	ere autopsy findings relieble prior to empletion of ceuse death?	
H	Physicien: The faw this certificate hes al director, page 2	E O	Moran	on ten or	P			10	Yes 200 No		☐ Yes 2☐ No	
a		Be C	25. Wes cese referred to medicel	0.000			26 Place of	Deeth (Check only				
>	Physician: r this certific rral director,	ToE	examiner? 1 Yes 2 No	Hospitel: 1 Inpatient 2	ER/Outpetler	nt 3 DOA Oth	107	ng Home 5 Thes		er (Specit	(v)	
o uo	fing Affect		27. Menner of Deeth 1 ☑Neturel 5 ☐ Pending 2 ☐ Accident investigation	28a. Dete of injury (Month, Day Year)	28b. Time o Injury	f 28c. Injur Wor			how Injury occur		,,	-
Division of Vital	of Attending after death. Director: After d in by the fune	Certification:	3 Sulcide 6 Could not be determined		me, ferm, str				(Street and Numb own, State)	er or Rure	al Route Number,	
	To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by th	edical C	Check only 2 Medical Exam	yefcian: To the best of my knowniner: On the basis of exeminet	vledge, deetl	h occurred et the tin vestigetion, in my o	ne, dete end pi	lece, end due to the	cause(s) end ma	anner es s	steted.	_
	ro the vithin 2 ro the comple	Med	29b. Signeture end title of certifier	end menner steted.		29c. Licens		-(1)	29d. Dete signe		7-110-32118	-
			MARI	lley		H	425	0 /	Ju	ly 2	3, 1996	
			30. Neme end address of person who									
	Sta	te	Russell A. Sch 31. Dete filed (Month, Dey, Year)	nillings, M.] 32. Registrer's Slanet	D : 2	07 N. L	iberty	st. ; c	entrev	ille	, Md.2161	1.
	Registr		JUL 2 3 199	32. Registrer's Signer	son-Par	dell						

State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Dey **Physician** BUTNER CRAMPTON JULY 29 1996 11:45AM /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** NEWCOMB TALBOT 25706 ST. MICHAELS ROAD If Under 1 Yeer If Under 24 Hrs.
Months Deys Hours Min. 5. Social Security Number 8. Dete of Birth (Month, Dey, Year) 9. Birthplece (State or Foreign Country)
APR. 18, 1926WASHINGTON, DC 7. Age (In yrs. last birthday) **Funeral** Months 1 □ M 579-26-4252 70 **Director** Usual Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hyglene.
Important: If then 27 is marked of other than "natural", or itema 23a or 28a-f show any injury or other traumatic event, its Medical Examine must be notified at 10d, Inside City Limits TALBOT MD NEWCOMB 1 Yes 2 No Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21653 25706 ST. MICHAELS ROAD USA Funeral 12. Wes Decedent Ever In U.S. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, 11. Meritei Stetus Bieck, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 No If Yes, Give Baitimore, Maryland 21215-0020 1 ☐ Yes 2√ No Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorcad Yeer or Detes: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) College (1-4or 5+) 12 HOMEMAKER OWN HOME 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) CARL C. CRAMPTON HELEN H. BROOKE 2 19e. informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) JOHN C. BUTNER/HUSBAND 25706 ST. MICHAELS RD., NEWCOMB, MD 21653 20b. Plece of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removei from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 8-2 VETERAN CEMETERY BEULAH, MD 21. Signeture of Funerei Service Licensee 22. Neme end Address of Facility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME 23e. Pent 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. 21601 Approximete interval Between Onset and Deeth **Physician** /Medicai immediete Cause (Finei disease or condition resulting in death) SSOPNACUS 06 Examiner Due to (or es e consequence ot) Examiner attending physician and for use as the burial-transit Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as e consequence of) Box 68760. Physician/Medical Due to (or es e consequença of): signed by the a Records, P.O. Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown þ been si 24e. Wes an autopsy performed? 24b. Were autopsy tindings available prior to completion of cause of death? Completed has 1 Yes 2 No 1 □ Yes 2 □ No certificate Division of Vital 25. Wes case reterred to medical examiner? Be 28. Piece of Death (Check only one) 1 Yes 25 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this funeral 27. Menner of Deeth Certification: 28a. Dete of injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? After 1 Naturei 2 ☐ Accident 5 Pending death. 1 Yes 2 No investigation after death Director: / 6 Could not be determined 3 ☐ Suicide 28t. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, ferm, street, tectory, offica building, etc. (Specify) Illed in by 4 Homloide 24 hours a Funeral D Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical To the Hosp within 24 ho To the Fune completely I (Check only one) 29b. Signeture end title of cartifler 29c. License number 29d. Dete signed (Month, Dey, Year) D01225 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) M.D., CARNEY, STEPHEN 509 IDLEWILD AVENUE, EASTON, MD 21601 31. Dete tiled (Month, Dey, Year) 32. Registrer's Signature State

Achia Savidson-Randall

AUG - 21996

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene 96

rtment of Health and Mental Hygiene 96 2393

					Certific	ate of	Death		Reg. No.		_0501
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	Physic /Medi		OTHA BEL	L				JÜLY	14, 1	996	10:04pm
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	Funeral Director			OMMUNITY HOSI 7. Age (In yrs. le 12 M 2 F 82	of TAI st birthday) If U Yrs. Mon	nder 1 Year ths Deys	If Under 24 H		PRIN PRIN 1914	9. Birthple	CORGE'S ICO (State or Foreign
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0020	0 0 0	d by Funeral	11. Maritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Ever in U,S Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Dates:		ecedent of H specify Cube	lispenic Origin? en, Mexican, Pue Specify:	(Specify Yes or No erto Ricen, etc.)		e - America ck, White, et	tc.
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and the second	within 24 hours after death. In the Funeral Director After foor pletchy filled in by the funer	edical (29a. Certifier 1 Certifying Ph (Check only one) 1 Medical Example (Check only one)	niner: On the basis of exemination and manner stated.	edge, deeth occu on end/or investige	red et the tir tion, in my o	ne, dete end ple pinlon, deeth oc	ce, end due to the curred et the time,	cause(s) end me dete end pleca,	enner es ste end due to l	ted. the cause(s)
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(5/			obinson, MD	4987	Batte	ry Lan	e, Beth	esda,	MD 2	20814
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MANAGEMENT VA 27 SEE

State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Deta of Death 3. Tima of Deeth Month 8.23 PM L ouise Brannon 9 1996 Maria JUK 4a. Facility Name (if not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Hospita Baltimus Cox university If Undar 1 Yaar Birthplace (State or Fpreign Country) 6. Sex 7. Aga (In yrs. last birthday) Days 1□M 200 F Months Yrs. 33 7-88-2811 January 14,1963 Washington, DC Usuel Residence of Dacedani 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 1 No Shenandoah County Woodstock 10g. Citizan of What Country? United States 10f. Zip Coda 259 North River Drive 22664 America 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas ②☐ No If Yes, Giva Year or Detes: Was Decedant of Hispanic Origin? (Specify Yee or No-if Yes, epecify Cuben, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Nevar Married 2 Married 1 Yas 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 15. Decedant's Education (Specify only highast grada completed) 18a. Dacedant's Usuai Occupation 16h. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT usa ratired) Elementery/Secondary (0-12) Coilega (1-4or 5+) Aide on Bus Public Schools 17. Fethar'e Name (First, Middia, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) James Paul Sidney Brannon Catherine Louise Feehan 19a. Informent's Neme/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 259 North River Drive, Woodstock, Virginia 22664 Louise F. Brannon /Mother 20b. Plece of Disposition (Nama of cematary, crematory or other piace) Date 20c. Location - City or Town, Steta July 24 1 X Buriei 2 □ Cramation 3 □ Removel from Stata Sunset View Memorial Woodstock, Virginia 4 ☐ Donation 5 ☐ Other (Specify) 1996 of Funaral Sarvice Licensea #M00690 22. Nama and Addrass of Facility Dellinger Funeral Home auson 157 North Main Street, Woodstock, VA 22664 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or haert failure. List only one ceuse on each line. Approximata intarval Between Onset and Deeth Due to (or as a consequence of): End-Stage Renal Disease Dua to (or as a consequence of): viabetes Due to (or as a consaquance of) Pancreas & Kidney Translat & Smos 1 Haneous Pert ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 → Unknown Vascular 24b. Ware autopsy findings evallabia prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yes 25 No 25. Wes case rafarred to medical axaminar? 26. Piace of Death (Check only one) Hospital: Othar: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 1 Inpatiant 2 ER/Outpetient 3 DOA 28d. Describe how Injury occurred 28a. Data of Injury (Month. Day Year) 28b. Tima of 28c. Injury at Work? 5 Panding invastigation 1 Yas 2 No 8 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Piece of injury - At homa, ferm, street, fectory, office building, atc. (Specify) Certifying Physician: To the bast of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

[2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. Licensa number

Division of Vital Records, P.O. Box 68760.

physician and s the burial-trans requires that the death certificate be exec use jo igned by the a signed by hes i or Attanding Physician: after death. Director: After this certific funeral director, completely filled in by To the Hospital o within 24 hours at To the Funeral Di

Physician

/Medical

Examiner

Funeral

Director

7 is marked other than "naturel", or itema 23a or 28a-f show traumatic event, the Medical Exertitiver must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Important: if item 27 is marked other than "naturel", or item any injury or other traumatic event, the Medical Exercises 2008.

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

with the Maryland

death

5. Social Security Number

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11. Maritai Status

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20a. Mathod of Disposition

Immediata Causa (Finei disease or condition rasulting in daath)

Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaasa or injury that initieted evants resulting in death) Last

1 Yas 2 No

27. Mennar of Death

1 Naturai

2 Accident

4 Homicida

3 Suicida

29a. Certifier

21. Signet

29b. Signatura and title of conflict 30. Nama and address of parson who complated cause of death (Itam 23a) (Type, Print)

29d. Date signed (Month, Day, Year) Baltimore, Maryland

Im

31. Data filad (Month, Day, Yaar)

75her University Hospital,

JUL 25 1996

32. Registrar's Signatura

Registrar

SALE AND DESIGN

96-4052-003

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

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		20e. Method of Disposition Burial 2 □ Cremetion	3 □Removel fr	20b. om State	Plece of Disponentery, cre	osition (Neme of matory or other ple	ce)July	24,1	996	20c. Location		
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State of Maryland / Department of Health and Mental Hygiene Q 6 2301. 0

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	Exami	ner	4a. Fecility Neme (If not institution, give stree DOCTORS COMMU!	VITY HOSPI			LANHAM				ORGE'S C
	Funeral Director		5. Sociel Security Number 244–62–8313 Usuel Residence of Decedent	7. Age (In yrs. le. 255	st birthdey) Yrs.	If Under 1 Yeer Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day U3 I4	Year)	9. Birthple Countr North	Carolina
	e Meryland	ctor	10e. Stete 10b. County Maryland Prince Geo.	rge's	Town or Lo		Pleasant	,		10	d. Inside City Limits 1 2 Yes 2 □ No
	th with th	al Director	10e. Street end Number 704 Quarry Court			10f. Zlp Code	20743	1	log. Citizen of V	vhet Countr USA	y?
21215-0020	be filed within 72 hours efter death with the Meryland stell Hygiene. Id other than "natural", or items 23s or 28s-f show event, the Medical Exerticet must be notified at	by Funeral	1 Never Merried 2 2 Merried 1	/es Decedent Ever in U,S med Forces? □ Yes 2 2 No Yes, Give /eer or Detes:		Wes Decedent of H It Yes, specify Cubs 1 ☐ Yes 2X No	Ilspanic Origin? (Sp an, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	14. Rece Blec Specify	e - America k, White, et Bla	ic.
15-0	natu notcal	Completed	15. Decedent's Educatio (Specify only highest grade con	n npleted)	16a. Dece (Give	dent's Usuel Occup kind of work done	ation during most of work	ing	16b. Kind of Bu	siness/Indu	istry
212	filed within Hygiene. ther then	duc	Elementery/Secondary (0-12)	ollege (1-4or 5+)	IITO. I	Supervis	•		Gov	ernme	nt
Maryland 2	2 should be filed and Mentel Hygi is marked other aumatic event, I	To Be Co	17. Fether's Neme (First, Middle, Last) John W. Scales	2.			18. Mother's Nem		Meiden Sumem	Θ)	
	s 1 and 2 should f Health and Mer tem 27 is merke other traumatic		19e. Intorment's Neme/Relationship (Type, F Jasper Brown/Husbar				end Number or Rur ourt, Sea				
Baltimore,	permit. Peges 1 and Department of Health Important: If Item 27 any Injury or other tr once.		20e. Method of Disposition 1 □ Burlel 2 □ Cremetlon 3XX temo 4 □ Dopation 5 □ Other (Specify)	cer Ctoto Cer	netery, crer	sition (Neme of metory or other plea Grove Chi	urch Cem		20c. Location - Reids		
Balti	permit. Peges 1 Department of H Important: If ite any injury or ot		Signature of Funeral Service Licensee		J		kins Fune			0.050	
		П	23e. Pert1. Enter the disease, or complication shock, or heart failure. List only one ce	ns that caused the deeth.	Do not ent	4/4 Lando er the mode of dyln	over Road	 Landon or respiretory en 	ver, MD	- 1	Approximete
	Physician /Medical Examiner		Immediate Cause (Final disease or condition								onset and Deeth
		ner	resulting In deeth) 6.	Due to (or a	es e consed	quence ot):	EmBoL 25			-	
	sacuted and el-transit	Examiner	Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underfyling Cause (Disease or injury	Due to (or e		1					
68760,	death certificate be executed e attending physician and of for use as the burlel-transit	Medical	cause. Enter Underrying Cause (Disease or injury thet initiated events resulting In deeth) Lest	Due to (or e	s e conseq	juence of):				1	
Вох	attending for use		d							1	
O.E	the atte	Physician/	Pert II. Other significant conditions contribu	ing to death but not result	ing in the u	nderlying cause giv	en in Pert I.	23b. Did to	obacco use cor	tribute to	the cause of death?
0	es that the de igned by the be deteched							1□ Y	2 No	3 Probe	ably 4 Unknown
Records,	requir been s should	Completed by						24e. Wes e		com	e eutopsy findings leble prior to pletion at ceuse seth?
	0 - 0	omo						1 🗆 Y	es 2 No		Yes 2□ No
/ita	delan: The	Be	25. Wes cese reterred to medical exeminer?	. ,			26. Plece of Deet	h (Check only or	19)		
n of Vital	Phys this ral di	on: To	1 Yes 2 No Hospi	1 ☑ Inpatient 2 L E	R/Outpetier 28b. Time of Injury	t 28c. Injur Wor	y et k?	me 5 Resid 28d. Describe h			
Division	r Attencter death	ertification:	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28	e. Plece of Injury - At hom building, etc. (Specify)	ne, ferm, str		Yes 2 No	28f. Location (S City or Tow		er or Rurel	Route Number,
	Hospital	edicai Ce	(Check only 2 Medical Examiner: (: To the best of my knowl On the besis of exeminetio	edge, death	n occurred et the tin vestigation, in my o	ne, dete end plece, pinlon, deeth occur	end due to the c	euse(s) end me lete end piece, e	nner as ste	ted. the ceuse(s)
	To the ithin 2 o the	Med	29b. Signeture end title of certification	and menner stated.		29c. Licens			29d. Dete signed		
	(7)		30. Neme and eddress of person who comple	ted ceuse of deeth (Item 2		Print)	35947		/ -	(2-	E6 us, us.
			31. Dete filed (Month, Dey, Year)	2. Registrer's Signety	4 4	hut Mn	box un	प प्रथा	- Wit	Hour	us, ws.
	Sta Registi		JUL 2 5 1996	Shipotudiar	arlall						

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Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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	Physic		Decedent's Name (First, Middle, La	R15		BLA	177			2. Data of De Month	Day	Yaar 1996	3. Tima of Death 6-45 Am
	/Medi Examii		4a. Facility Nama (If not institution, give	PARYLAND		Hos P	TAC If Undar 1		City, Town, or CL/ Undar 24 Hrs	Location of Death	4c. County	of Death	GEOLE
	Funeral Director		The second secon	Sex / 7. Ag	8 O	lest birthdey) Yrs.			Hours Min		7, 1915	9. Birthpla Country WASHING	ce (Steta or Foraign
	Meryland f ahow	or	10a. State 10b. County MARYLAND PRINCE GET	ODOTELO	10c. Cit	y, Town or Lo		r m				100	1. Insida City Limits 1 → Yas 2 → No
	1 the 1	rect	10e. Street and Number	ANDE S		GR	EENBE				10g. Citizan of	What Country	
	h with	al D	8150 LAKECREST	DRIVE #	‡221		20	0770			USA		
020	filed within 72 hours after death with the Meryland Hygiene. ther than "natural", or flems 23a or 28a-f show out, the Medical Examiner man be notified at	by Funeral Director	11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Yas 2 4 If Yes, Give Yaar or Datas:			Vas Deceda Yes, specif		anic Origin? (S Maxican, Puel Specify:	Specify Yes or No rto Rican, atc.)		ce - Americar ck, White, at y: WH	
21215-0020	I within 72 ho iene. ' than "natur	Completed	15. Decedent's E (Specify only highest gra Eiamentary/Secondary (0-12)	ducation ada complated) College (1-4or s	5+)	life. E	kind of work OO NOT use	dona durii retired)	ng most of wo		16b. Kind of B	usiness/Indu	stry
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Maryiand	d a b	To Be	J. FRED WEIGERT	,				1	LOUISE	20.	POTZIE		
ary	2 should be and Menta is marked sumatic ev	-	19a. Informant's Name/Relationship (Type, Pnint)		19b. Mailin	g Address (rural Route Numb			code)
	D 章 Z 本		RONALD BLAIR / s	on					LANE	BOWIE, N	ID 2071	.6	
Baltimore,	S 75 22 0		20a. Method of Disposition 1 ☐ Bunai 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	Removal from State	cemetery, cremetory or other place)							ocation - City or Town, State INTON, MARYLAND	
Balt	permit. Pege Department of Important: If any injury or once.		21. Signatura of Funeral Sarvice Licer	Buscre	Ton		Name and		Facility M		S FUNERAL HOME AND, MD 20746		
	Physician /Medical Examiner	er	23a. Pañ1. Entar the disease, or com shock, or haart failure. List only Immediate Cause (Final diseasa or condition resulting in death)	a.	CH		me			e pa		C	opproximate native and beath
0,	ficate be executed g physician and as the buriat-transit	Examiner	Sequentially list conditions, if any, leading to Immadiata causa. Enter Underfying Cause (Disease or Injury that initiated events	b	Due to (o	or as a consequ	uence of):						
Box 68760,	E 0 6	n/Medical	that initiated events resulting In death) Last	d	Due to (o	r as a consequ	ienca of):						
	death e atte ed for	Physician/M	Part II. Other significant conditions of	ontributing to death b	ut not res	uiting In the un	derlylng cau	use given i	n Part I.	23b. Did	tobacco use co	entributa to t	he cause of death?
s, P.O	requires thet the death cert seen signed by the attendin hould be deteched for use	by Phy								10	Yes 20 No	3 Probe	bly 4□ Unknown
of Vital Records,	¥ 20 €	Completed	-							24a. Was perfo	an autopsy rmed?	avall	autopsy findings abla prior to pietion of cause eath?
al F	Pa e	-								10	Yes 2 No	10	Yas all No
N.	Physician: The this certificate ral director, pag	o Be	25. Was case referred to medical examiner?	Hospital:			-5-00	Other		ath (Check only			
		n: To	27. Mannar of Death	28a. Data of Inju (Month, Da	ry	28b. Tima of		c. Injury at Work?	4 L. Nursing	Home 5 Resi	how Injury occur		*
Division	il or Attending Fater death. Director: After d in by the funer	Certification:	PSNatural 5 Pending Investigation 3 Suicide 6 Could not be determined		injury ome, farm, stre	М	1 Tes	2 🗆 No	28f. Location (. City or To	Street and Num wn, Stete)	ber or Rurel I	Route Number,	
	Hospita 24 hours Funeral tely fille	edical Ce	29a. Certifier (Check only one) Check only one) Certifying Ph	ysician: To the best of niner: On the basis of and mannar str	examina!	wiedga, death tion and/or inv	occurred at astigation, in	the time, on my opinion	date and plac	a, and dua to the urred at tha tima,	causa(s) and m data and place,	annar as stat and due to t	ed. na cause(s)
	within 2 To the comple	Me	29b. Signature and the of certifier	uno manta su			29c.	Licansa nu	ımber		29d. Dala signe	ed (Month, De	ey, Yeer)
			May			D19431					7/17/96		
	(17)		30. Name and addrass of person who	complated cause of d	eath (Iten	23a) (Type, F	Print)	Rd.	#203	Ft. Wh	shuit	WAT	20744
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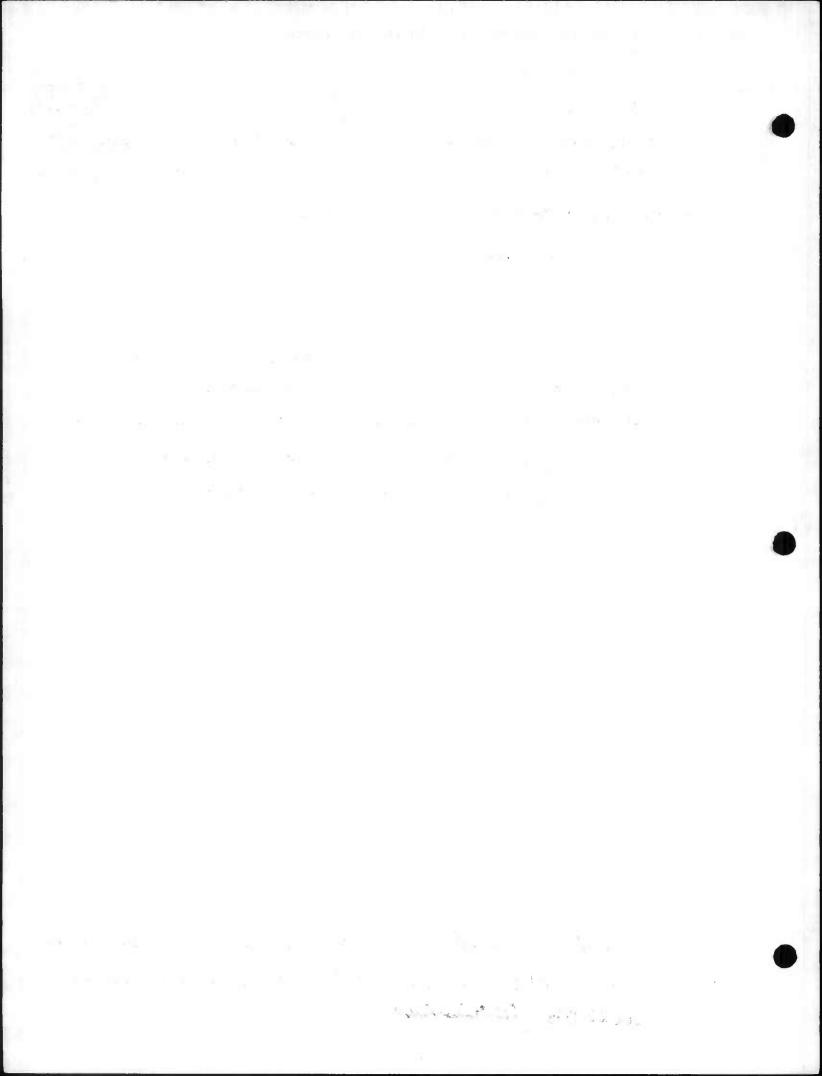
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Dete of Death Month Yeer **Physician** 21 1990 12:40 Am MUGELO Jul. /Medical 4b. City, Town, or Location of Deeth 4e. Facility Neme (If not institution, give street and number) 4c. County of Death Examiner Washington Adventist Hospital Takoma Park Montgomery 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. 9. Birthpiece (Stete or Foreign **Funeral №** M 2□ F Deys Washington DC 578-96-5790 32 Yrs. Director Usuel Residence of Decedent the Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits Examiner must be nothled at Prince George's Maryland Glenarden 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 6 8806 Glenarden Parkway 20706 USA items 23a death Funeral permit. Pages 1 and 2 should be filled within 72 hours after deat Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than any fillury or other traument. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 ☑ No Specify: Black þ Specify: 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Assistant Bank Manager Private 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Johnny C. Berry Ernestine Humphrey 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 8806 Glenarden Parkway, Glenarden, MD 20785 Ernestine Berry/Mother 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 MBuriel 2 ☐ Cremetion 3 ☐ Removel from State harmony Memorial Park 7/26/96 Landover, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Monsee 22. Name end Address of Fecility J. B. Jenkins Funeral Home 7474 Landover Road, Landover, MD 20785 and the the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, book, or hear failure. List only one cause on each line. Approximete intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel Heave diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest and Due to (or es e consequence of): physician a Box 68760, Physician/Medical Due to (or es e consequence of): USB igned by the a P.O. Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 | No 3 | Probably 4 | Unknown Records, þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? The lew page 2 Division of Vital or Attending Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 No Certification: To 1 Yes 1 Inpatient 2 ER/Outpatient 3 DOA this 28e. Dete of injury (Month, Dey Year) funeral 27. Menner of Deeth 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred After 1 Neturei 5 Pending after death. 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pieca of injury - At home, ferm, street, fectory, offica building, etc. (Specify) in by 4 Homicide filled 24 hours a Hospital 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted. 29a. Certifier Medical (Check only one) 2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, date end placa, and due to the cause(s) end menner steted. within 2 the D-20062 29d. Dete signed (Month, pey, Year)

Tuly 21, 1996 29b. Signeture end title of cartifier 0 Tomp. Kannenhatmo. 30. Name and eddress of person who completed cause of death (item 23a) (Type, Print) 16 bst silverspring, MARYLAND 20910 KANNARKAT. MD 8201 31. Dete filed (Month, Dey, Yeer) State JUL 25 1996 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 23943 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Date of Deeth **Physician** BAKER HARRY 5:50 AM 1414 /Medicai 4e. Facility Neme (If not institution, give street end number) 4c. County of Deeth 4b. City, Town, or Location of Deeth Examiner Prince George's Medical Center Cheverly Prince George's If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthpleca (Steta or Foreign Country) **Funerai** 1 1 M 2 □ F 230-32-6787 76 Yrs. Director Virginia Usuei Residence of Decedent the Marylend 10a. Stata r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10b. County 10c. City, Town or Location 10d. Insida City Limits Prince George's Hyattsville Director 1 X Yas 2 □ No 10e. Straat and Number 10f. Zip Coda 10g. Citizen of Whet Country? 5014 55th Avenue 20781 U.S.A. Funeral 12. Wes Decedant Ever in U,S. Armed Forces? 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 14. Rece - Amarican indlen, 72 hours after No If Yes 2 No If Yes, Giva Year or Detes: 41-46 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 X Widowed 4 Divorced Specify: White Completed 15. Decedent's Education 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) Transportation Hygiene. Elamentery/Secondery (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filled wil Depertment of Health and Mental hygiene important: If item 27 is marked other tha any hilury or other traumatic event, mail once. Cab Driver Industry 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumema) John Reuben Baker Bell Dinges 19e. informent's Neme/Reietlonship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Blanch J. Martin / Friend 5014 55th Avenue, Hyattsville, MD 20781 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 X Burlel 2 ☐ Cremetion 3 ☐ Removel from State Maryland Veterans Cemetery 7-22-96 Cheltenham, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Addrass of Fecility Francis Gasch's Sons Funeral Home, P.A. lase 4739 Baltimore Ave., Hyattsville, MD 20781 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiec or raspiratory errest, shock, or heart failure. List only one ceuse on each line. **Physician** EUMONITIS /Medical immediete Ceuse (Finei 1 WEBB disease or condition resulting in deeth) Examiner Physician/Medicai Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disaase or injury that initiated events resulting in deeth) Lest FALIURE P.O. Box 68760, Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. signed by the a 23b. DId tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, Completed by 24b. Were autopsy findings avellable prior to completion of cause of death? PERTENSION 24e. Wes en eutopsy DIABETES MELLITUS ALZEIMER'S DISEAUE 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: "after death.
Director: After this certifica 25. Was case referred to medical exeminer? Be 26. Place of Deeth (Check only one) 1 | Yes 2 | No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Menner of Deeth 28a. Dete of injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. injury et Work? Division 1 Naturel 5 Pending 2 Accident Investigation 1 Yes 2 No filled in by the 6 Could not be 3 Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, State) 4 Homicide Hospital 24 hours 1 Certifying Physicien: To the best of my knowledga, death occurred at the time, dete end place, and due to the ceuse(s) and menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete end place, end dua to the ceuse(s) end menner stated. Medical 29a. Certifier To the Within 2 29b. Signatura and title of capti 29c. Licansa number 29d. Data signed (Month, Dey, Year) HANOVER PALKWAY CHERNBELT MD 20173 31. Date filed (Month.

DHMH 16 Rev 6/95

State Registrar HARRY FIRST ABABIL VARAH

Market of the Market State

State of Maryland / Department of Health and Mental Hygiene 23944 Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Alexander (NMI) Ben July 17, 1996 10:00 pm /Medical 4e. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 5722 Lockwood Road Cheverly Prince George's If Undar 24 Hrs. 8. Deta of Birth (Month, Dey, Year)
Min. March 15,1924 5. Social Security Number 7. Aga (In yrs. last birthday) If Undar 1 Year 9. Birthplece (State or Foreign **Funeral** Deys Months 1⊠M 2□ F 578-46-0099 Yrs. 72 **Director** Ukraine Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location show 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f shot traumatic evant, the Medical Examiner must be notified at 1 X Yes 2 □ No Directo MD Prince George's Cheverly 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 5722 Lockwood Road 20785 Funerai U.S.A. filed within 72 hours after death 12. Wes Decedant Evar in U,S. Armed Forces? Was Dacedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 ☐ Navar Married 2 ☑ Married 1 ☐ Yes 2 ☒ No If Yas, Giva Yeer or Dates: 21215-0020 1 ☐ Yes 2 No Specify: ð Specify: 3 Widowad 4 Divorced White Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry el Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 6 Meat Packer Briggs and Company Maryland . Peges 1 and 2 should be filtiment of Health and Mentel H 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Andre Ben Eva Ben 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) nt of Health a : If item 27 is or other tra Franziska Ben / Wife 5722 Lockwood Road, Cheverly, Maryland 20785 Baltimore, 20a. Method of Disposition 1 ☑ Burial 2☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other / Space 4 20b. Plece of Disposition (Name of cometery, crematory or other place) 20c. Location - City or Town, Stata permit. Pege Department of Important: If any Injury or once. Cedar Hill Cemetery July 22,1996 Suitland, Maryland 21. Signeture of Funerel Service Loensee 22. Name end Address of Fecility
Francis Gasch's Sons Funeral Home, P.A. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or raspiretory arrest, shock, or heart fellule. List only one ceuse on each line. 4739 Baltimore Avenue, Hyattsville, MD 20781 Approximete Intervel Between Onset end Daath Physician /Medicai Immediate Ceuse (Finel e Metaviana Carcer of Due to (or es e consequence of). disease or condition resulting in deeth) OV **Examiner** nelignant The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to Immadiate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events rasulting In deeth) Lest and the burial-trar Due to (or es e consequance of): P.O. Box 68760, the ettending physician hed for use as the buria Physician/Medical Dua to (or as a consequence of) signed by the eld be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ 24b. Were eutopsy findings eveilable prior to Completed 24e. Wes en eutopsy performed? completion of ceusa of death? 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: Be 25. Wes case referred to medical axaminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 10 1 Yas 2 No this the funeral 28c. Injury et Work? 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) After t Certification: 28b. Tima of 28d. Describe how Injury occurred Netural 5 Pending investigation deeth. 1 Yes 2 No To the Hospital or Attendi within 24 hours after death. To the Funeral Diractor: A completely filled in by the fi 2 Accident 6 Could not be 3 ☐ Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, atc. (Specify) Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and piece, end due to the cause(s) end manner steted. 29e. Certifiar Medical (Check only 29b. Signeture and tille of certifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) POOCHIKIAN, VICKEN 10. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

State Registrar Vicken K. Poochikian, M.D. 5632 Annapolis Road, Bladensburg, Maryland 20710

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	Imi	mediata Cause (Final	comy on	e cause on each			HONIA				Interval Batween Onset and Death
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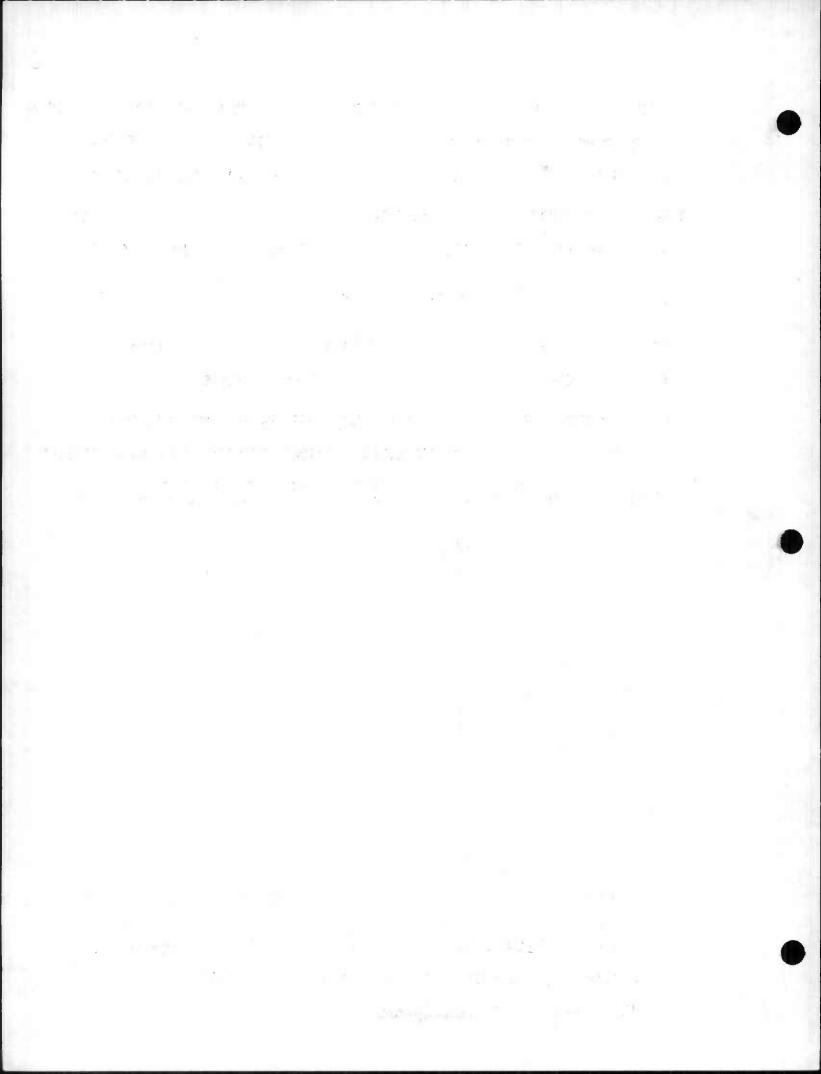
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State of Maryland / Department of Health and Mental Hygiene

23946 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth **Physician** 1996 WESLEY COOPER JULY 10:10 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner MONTGOMERY** MED BRIDGE NURSING CENTER WHEATON If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthpiece (State or Foreign Country) **Funeral** 127M 2□ F Yrs Director 449-16-7881 83 TEXAS MARCH 29,1913 Usuet Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Peges 1 and 2 should be filed within 72 hours efter death with the Meryler ment of Health end Mentel Hygiene.
ant: If Item 27 is merked other than "natural", or Items 23a or 28a-f show ury or other traumatic event, the Medical Examination to notified. TEXAS CAMERON Director HARLINGEN YYes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 43 A IOWA DRIVE (BOX 7132) 78550 UNITED STATES Completed by Funeral 12. Wes Decedent Ever in U,S Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Year or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify Specify: WHITE 3 ₩ Widowed 4 Divorced 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuet Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coltege (1-4or 5+) LAWYER LEGAL 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be ARTHUR D. COOPER BONNIE STOKES 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 s Department of Health or Important: if item 27 is any Injury or other trau once. CARLA C. McPEEK, DAUGHTER 17616 PRINCE DAVID DRIVE, OLNEY, MD. 20832 20e. Method of Disposition 20b. Plece of Disposition (Neme of 20c. Location - City or Town, Stete METROPOLITAN CREMATORY 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 7/26/96 ALEXANDRIA, VIRGINIA 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Servica Licensee 22. Name end Address of Facility
MURIEL H. BARBER FUNERAL HOME N. Bar murie P.O. BOX 5038, LAYTONSVILLE, MARYLAND 20882 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete intervei Between Onset end Deeth **Physician** tew heart failure /Medicai Immediate Cause (Finet months diseese or condition resulting in death) **Examiner** Due to (or es e consequence of) Examiner MANY YEARS ISCHEMIC CARDIOMYOPATHY Hospital or Attending Physician: The lew requires that the deeth certificate be executed Sequentially list conditions, if eny, teeding to immediete cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760. ettending physician for use es the burie Physician/Medical Due to (or es e consequença of) signed by the el Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 23b. Did tobecco use contributa to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown by Completed 24b. Were autopsy findings aveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? certificate 1 Yes 1 Yes 2 No Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Hospitet: 1 | Inpatient | 2 | ER/Outpetient | 3 | DOA 10 1 ☐ Yes 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) this 27. Manner of Deeth Medical Certification: 28a. Dete of injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Waturet 5 Pending deeth. Investigation 1 ☐ Yes 2 ☐ No 2 Accident Director: 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) To the Hospital or Att within 24 hours effer d To the Funeral Direct completely filled in by 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end pteca, end due to the ceuse(s) end menner steted. 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) hallen 142518 JULY 26, 1996 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) DR. GUL CHABLANI, 11119 ROCKVILLE PIKE, ROCKVILLE, MD. 20852 31. Dete fited (Month, Dey, Year) 32. Registrer's Signeture State JUL 2 9 1996 Kin Tringson Bandall Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 23947 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Dete of Deeth **Physician** 25, FRED CLARK JULY 1996 11:30 AM /Medical 4e. Facility Nema (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY If Undar 1 Yaar | If Undar 24 Hrs. 5. Sociel Security Number 6. Sex 7. Aga (In yrs. last birthday) Birthpleca (Steta or Foreign Country) 8. Data of Birth (Month, Day, Year) **Funeral** 1⊠M 2□F Months Deys Hours Yrs. 283-14-6333 Director 82 FEB. 22,1914 NEW YORK Usuai Rasidance of Deceden 10a. Stete 10b. County 10c. City, Town or Location 10d. insida City Limits 7 is marked other than "natural", or items 23s or 28s-f sho trsumstic event, the Medical Examiner must be notified at 1X Yas 2 No Director MD. MONTGOMERY SILVER SPRING 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? BRUNSWICK AVE. #222 10000 20910 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 1 (2) Yes 2 (1) No If Yes, Give Yaer or Datas: WW] [11. Maritai Status Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Maxicen, Puarto Rican, atc.) 14. Rece - American Indien, Bleck, Whita, etc. 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: by Specify: 3 ₩ Widowed 4 Divorced WHITE 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest greda completed) Hygiana. Other than Elementery/Secondery (0-12) College (1-4or 5+) **ALFROMOBILES** SALESMAN permit. Pages 1 and 2 should be fits Department of Health and Mental Hy Important: If Itam 27 is marked offth any injury or other traumatic event pages. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Meiden Surname) VICTOR CLARK UNKINOWN 2 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) STEP-DANACEAU/DAUGHTER MERRY A. 7416 LYNNHURST ST., CHEVY CHASE, MD. 20815 20b. Piaca of Disposition (Nama of cemetery, cremetory or other piece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stata 1 ☐ Burlei 2 ☐ Cremetion 3 ☐ Ramoval from Steta 4 ☐ Donation 5 ☐ Other (Specify) CHAMBERS CREMATORY 7/27 RIVERDALE, MD. 21. Signeture of Funeral Sarvica Licensee 22. Nema and Address of Facility M00091 W. W. CHAMBERS CO. INC, SILVER SPRING, MD. 20910 23a. Part1. Enter the disaase, or complications that ceused the death. Do not enter the mode of dylng, such as cerdiac or respiratory arrest, shock, or heer fellure. List only one cause on each line. Approximeta Interval Between Onset end Deeth **Physician** Immediate Cause (Fine) diseasa or condition rasulting in death) /Medical Ruptured Abdominal Aortic Aneurysm Examiner Examiner years attending physician and for use as the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or injury Due to (or es a consequence of) Box 68760. Physician/Medical thet initieted events resulting in deeth) Lest Due to (or es a consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Munknown Coronary Disease Division of Vital Records, þ should be 24b. Were sutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peed page 2 s has 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical axaminar? Be 28. Place of Death (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 this 28a. Deta of injury (Month, Day Year) funeral 27. Mannar of Death 28b. Time of Injury 28c. Injury at Work? al or Attending PI s after death. I Director: After the 28d. Dascribe how Injury occurred Certification: 1 Deturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 3 ☐ Suicide 28e. Plece of injury - At homa, farm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide Hospital To the Hospital within 24 hours a To the Funeral Completely filled 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) and menner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete end piece, end due to the cause(s) end menner steted. 29e. Certifier Medical (Check only one) 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) ohenns! D33159 uly 26,1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 8700 Georgia Avenue #400, Silver Spring, MD 20910 Kuth Kevess-Cohen M ·D 31. Dete flied (Month, Day, Year)

Registrar

State

DHMH 16 Rev 6/95

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32. Registrer's Signeture

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	5		Decedant's Nama (First, Middla, Las			,	ificate of	Health and M Death	Re 2. Data of Deat	eg. No.		23948
	Physic /Medi		EDNA R. COH	EN					JULY 28	, 1996	Yaar	9:00 PM
	Exami		4a. Facility Nama (If not institution, give MANOR CARE BETHES					4b. City, Town, or Lo BETHESI		4c. County MONTG		7
	Funeral Director		370 40 1712	ax 7. Aq □M av F	ga (In yrs. last birth 83 Yı	-	ff Undar 1 Yaar Months Days		8. Data of Birth (Month, Day, OCT. 25	Year) 1912	9. Birthp Coun NEW	laca (Stata or Foreign try) YORK
	e Meryland Sa-f show roted at	ctor	Usual Rasidance of Decedant 10a. Stata 10b. County MARYLAND MONT	GOMERY	10c. City, Town CHE		chase				11	0d. Insida City Limits 1 ☐ Yas 2 ☑ No
	3a or 2i	Il Director	10e. Street and Number 8100 CONNECTICUT	AVENUE #1	605	10f. Zip Coda 5 20815				10g. Citizan of What Country? UNITED STAT		
	72 hours after deeth with the Meryland natural", or items 23s or 28s-f show dical Examiner must be notified at	by Funeral	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorcad	12. Was Decedent Armed Forcas? 1 ☐ Yas 2 ☑ If Yas, Giva Yaar or Datas:	Evar in U,S.	13. Was Decedant of Hispanic 0 If Yas, specify Cuban, Maxic 1 □ Yas 2 ☒ No Specif		Hispanic Origin? (Sp ban, Maxican, Puarto				
200	d within piene. r than	Completed	15. Decedant's Ed. (Specify only highast grad Elamantary/Secondary (0-12)	ucation da <i>complated)</i> Collaga (1-4or	5+)	Giva ki ife. DC	nt's Usual Occu nd of work done NOT usa retin CHER	ipation a during most of work ed)	ing	16b. Kind of Bu		lustry
	id z should be ith and Mental it is marked of traumatic ever	To Be C	17. Fathar's Nama (First, Middla, Last) SAMUEL ROSENBERG						a (First, Middla, Meiden Sumama) LE WISAN			
			19a. Informant's Name/Raletionship (7) JEFFERSON B. COHE			_	-	et and Number or Flur				
,	permit. Pages 1 an Department of Heal Important: If itsm 2' any Injury or other once.		20a. Mathod of Disposition 12 Burial 2 Cramation 3 1 4 Donation 5 Other (Specify,			crema	tory or othar pl	IAL GDN. 7		PALLS		wn, Stata CH, VIRGINI
	Departition Depart		21 Signatura of Funeral Service Licens	Show	ec	DAN 117	70 ROCK	-GOLDBERG VILLE PIKE	-ROCKVII	LLE, MD		352
	Physician /Medical Examiner		23a. Part1. Entar tha disaasa, or comp shock, or haart fallura. List only o immediata Causa (Final diseasa or condition rasuiting in daath)	a.	Monota Dua to (or as a co	le	1/7	end, such as cardiac		ast,		Approximata Intarval Between Onsat and Death
Ī	and and il-fransit	Examine	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b	Dua to (or as a consequence of):							
,00100	keath certificate be er attending physicien if for use as the buria	edical	causa. Entar Undarlying Cause (Disaase or Injury that initieted events rasulting in death) Last	c	Dua to (or as a coo	nsequa	ence of):					
	requires that the death been signed by the atter thould be detached for a	eted by Physician/M	Part II. Other eignificant conditions co Nebala Me	1 1	out not rasuiting in t	ha und	arlying causa g	ivan in Part i.		e 2□No	3 Prot	are autopey findinge allable prior to appletion of cause
	has pa 2	Completed	000						1 □ Ya	18 2 No		déath?]Yae 2□ No
11001	dolan: The	Be	25. Was casa refarred to medical axaminar?	Un and the b				26. Placa of Deat	h (Check only on	a)		
5	Physical Phy	tion: To	27. Mannar of Death 1 Natural 5 Pending	Hospital: 1 Inpation 28a. Data of Inju (Month, Da		na of	28c. fnje		ma 5 Rasida 28d. Dascribe ho			1)
DIVISION	i or Attending after death. Director: Afte d in by the fund	ertification:	2 Accident invastigation 3 Suicida 6 Could not be detarmined	28a. Place of Inbuilding, at	jury - At homa, fam c. (Specify)	n, stree			28f. Location (St City or Town		er or Rura	l Routa Number,

page 2 shou To the Hospital or Attending Physician: The law req within 24 hours after death.

To the Funeral Director: After this certificate has been

Certification:

Medical

29a. Certifier /Check only one)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Certifying Phyefofan: To the best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

Medical Examiner: On tha basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, and dua to the cause(s) and mennar stated.

29b. Signature and title of certifian

29c. Licensa number

29d. Data signed (Month, Day, Year)

30. Narry and addrass of person who completed cause of death (Item 23e) (Type, Print)

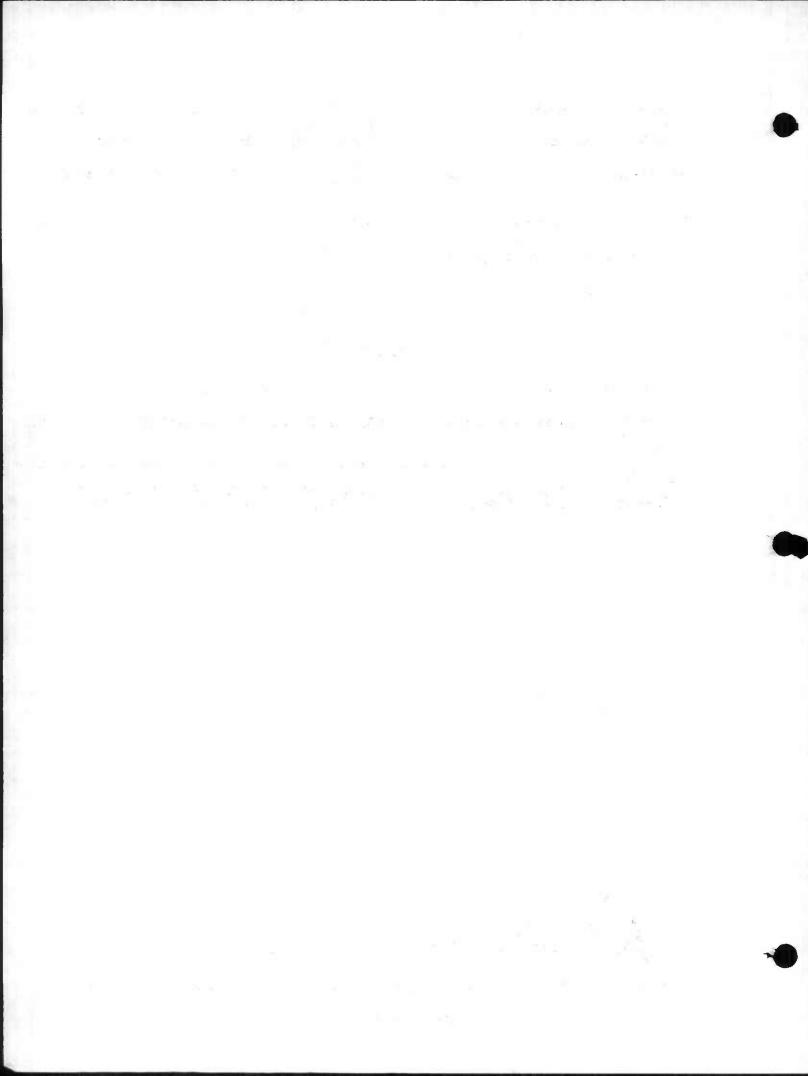
SCHULMAN 9410 OLD GEORGETOWN ROAD - BETHESDA, MARYLAND 20854

State Registrar

31 Date filed (Month, Dey, Yaar)

JUL 3 0 1996

32. Registrar's Signatura The Davidson Randelle



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedent's Nama (First, Middla, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Viola A. Chumas July 1996 11:57 /Medical 4e. Fecility Neme (If not institution, give straet end number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Deeth Suburban Hospital Bethesda Montgomery 5. Social Security Number If Undar 1 Yaar If Undar 24 Hrs. Hours Min. 8. Deta of Birth (Month, Dey, 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Funerai 1□M 200 F 74 Yrs 284-14-1265 Director Ohio Usual Residence of Decedent 10a, Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits MD must be nothed Montgomery Silver Spring 1 ☐ Yes 2 X No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? death with Items 23s or 3923 Ilford Road 20906 USA 12, Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ሺ No if Yes, Give Year or Dates: 11 Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puarto Rican, etc.) 14. Race -Race - American Indian, Bleck, White, etc. r then "natural", or Item The Medical Examiner filed within 72 hours efter 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: White Completed by 3 Widowed 4 □ Divorced 15. Decadent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working lite. DO NOT use retired) 16b. Kind of Business/Industry th end Mental Hygiene.

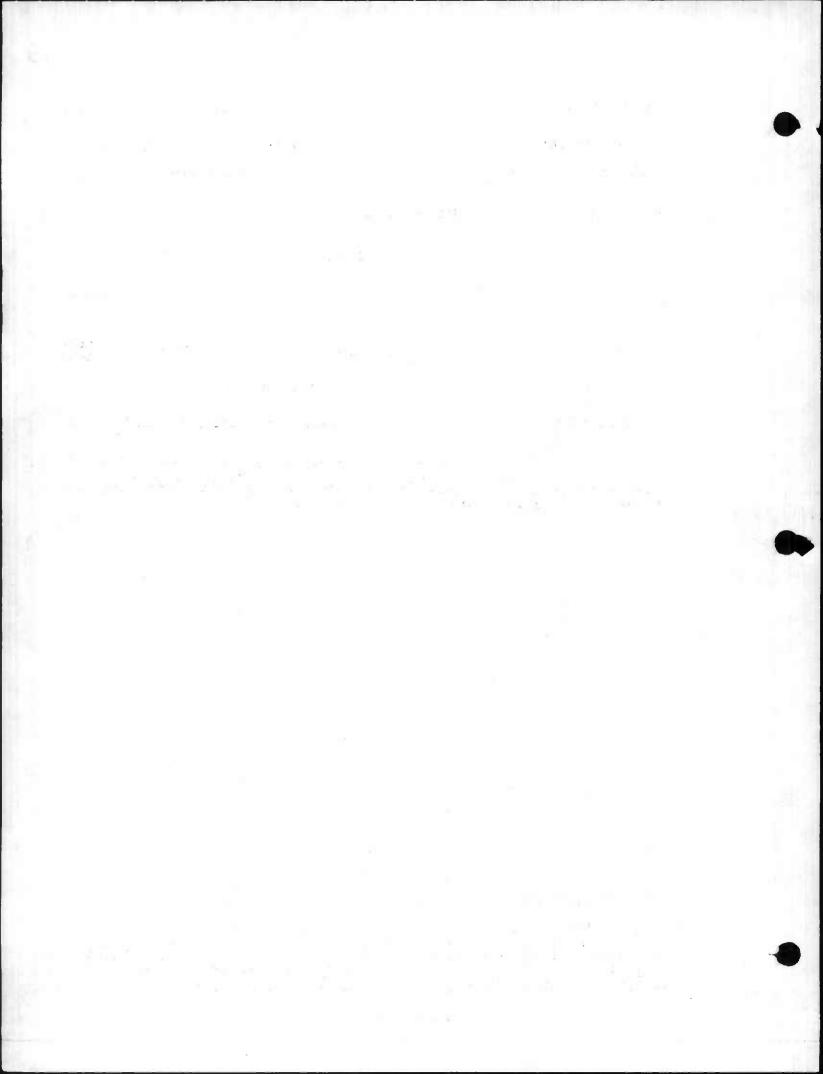
7 is marked other than traumatic event, for Me Elementery/Secondary (0-12) Coilege (1-4or 5+) Montgomery County 12 Teachers Aid Schools 17. Fathar's Name (First, Middle, Lest) pernit. Peges 1 and 2 should be fill.
Department of Health and Mental Hy
Important: If Item 27 is marked oth
any injury or other traumatic even 18. Mothar's Nama (First, Middla, Maiden Sumema) Be Anton Phiaras Anna Kapelas 19a. Informant's Neme/Raietionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Rena Anne Bilbo 221 Saint Antons Way, Arnold, Maryland 20b. Place of Disposition (Name of cemetery, cremetery or other piece) 20e. Method of Disposition 20c. Locetion - City or Town, Stete 1 X Burial 2 ☐ Crametion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) of Heaven Cemetery 7/30/96 | Silver Spring, Maryland 22. Nema and Address of Fecility Francis J. Collins Funeral Home, Inc. 500 University Blvd. West Silver Spring, MD 20901 200 cations that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, to ceuse on each line. Approximate Interval Between Onsat and Deeth **Physician** /Medicai Immadiete Ceusa (Final diseese or condition resulting in deeth) Lyocarons **Examiner** Due to (or es a consequence of) Physician/Medical Examiner The law requires that the deeth certificate be executed YEAR buriel-tran Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Last Box 68760, ANDION 40 PA YEAR Yems d for use es the l Due to (or es e consaquance of) P.O. I Pert It. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ate hes been signed by page 2 should be detac 1 Yes 2 No 3 Probably 4 Unknown Records, by Completed 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was en eutopay performed? certificate 1 ☐ Yas 2 ☐ No of Vital Attending Physician: Be 25. Wes cese referred to medical axaminer? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) To 1 Yes 2 No Atal or Att.

Alours after death.

** al Director: After th.

** by the funeral director. 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Mannar of Deeth 28e. Dete of injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Division 1 Natural 5 Pending Investigation 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be 3 Suicide 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours af To the Funeral Di completely filled I Medical 29e. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end ptece, end due to the cause(s) and menner es stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end ptece, and due to the cause(s) end mennar stated. (Check only onel 29b. Signature and title of certifier 29c. License numbar 29d. Date signed (Month, Qay, Year) 30. Name and address of person who completed ceuse of deeth (Item 23e) (Type, Print) 5454 Culs consin VASSALLO MA 31. Date filed (Month, Dey, Year) 32. Registrar's Signatura State JUL 3 0 1996 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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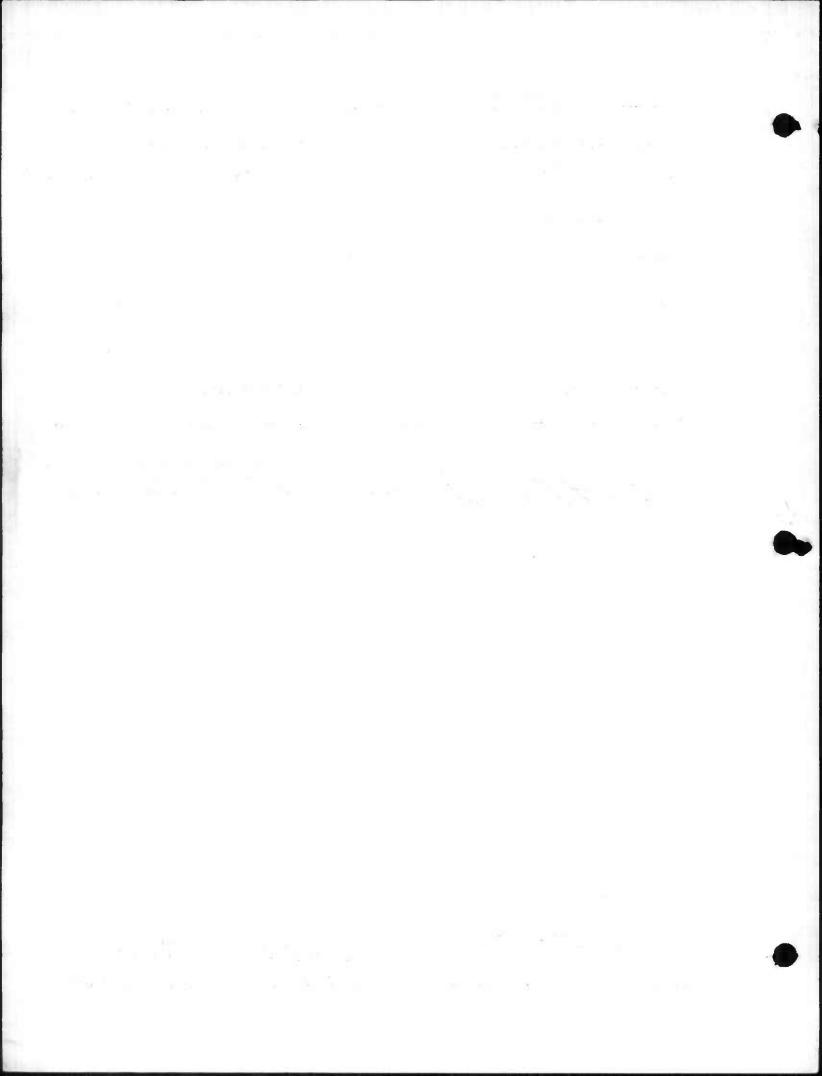
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					Ce	rtificate o	f Death		Reg. No.		0 5 0 0
	10	1. Decedent's Neme (First, Middle,	Last)					2. Dete of De	_	with a	3. Time of Death
Physicia /Medic		Joseph	L.			Costelle	o, Sr.	July	725, 19	96	1517
Examin		4e. Fecility Neme (If not institution,	give street and numbe	er)			4b. City, Town,	or Location of Deet	h 4c. County	of Deeth	
		Calvert Memoria	l Hospital				Prince	Frederic	k Calve	ct	
Funeral			S. Sex 7. /	Age (In yrs. le	est birthday)	If Under 1 Yes	r If Under 24				ace (State or Foreign
Director		578-10-2565	10XM 2□ F	86	Yrs.	Months Dey	s Hours A	March	23, 1910) Wash	ace (State or Foreign y) ington D(
р _		Usuel Residence of Decedent									
death with the Maryland rms 23a or 28a-f show r must be notified at		10a. Stete 10b. County		10c. City	, Town or Lo	ocation				10	d. Inside City Limits
r 28a-f show	cto	MD Prince	Goerges	Mt.	Ranie	r					1 XYes 2 No
or 22	Sire	10e. Street end Number				10f. Zip Code			10g. Citizen of	What Count	ry?
23a	83	3206 Upshur Str	eet			20712			USA		
items iner m	Funeral Director	11. Maritel Stetus	12. Wes Deceder Armed Forces		6. 13.	Wes Decedent of	Hispenic Origin	(Specify Yes or No uerto Rican, etc.)		e - America	
72 hours after d naturel", or flen iteal Examiner		1 Never Merried 2 Marrie				1 ☐ Yes 2 🕱 N		derio riloani, etc./		ck, White, e	
	by	3 XWidowed 4 ☐ Divorced	Yeer or Detes	3:		ILL 165 ZLAN	о зресну.		Specif	v: Whi	te
d within 72 hours jiena. r than "naturel", the Medical Evi	Completed	15. Decadent's (Specify only highest	Education		16a. Dece	dent's Usuei Occ	upetion	worklag	16b. Kind of B	usiness/Indu	ustry
c • •	n d	Elementery/Secondery (0-12)	College (1-4o	r 5+)		kind of work don DO NOT use reti		W.C.K.III.g			
al Hygiena. other than	Ö				Poli	ce Offic	er		Law Enf	orcem	ent
al al	Be	17. Fether's Neme (First, Middle, La	ist)				18. Mother's	Neme (First, Middle	, Meiden Sumer	ne)	
marked of	2	Alfred Costello					Edith	Federwic	h		
em si		19e. Informent's Neme/Reletionshi	o (Type, Print)		19b. Mailin	ng Address (Stre	et end Number o	r Rural Route Numb	er, City or Town	Stete, Zip (Code)
		Patricia Ann Fr	iant		924 1	Walnut A	venue, l	North Bea	ch, Mary	land	20714
		20e. Method of Disposition		0.0	ece of Dispo	sition (Neme of metory or other p	lace)	Dete	20c. Location	City or Tow	m, Stete
rt: H		1 Buriel 2 □ Cremetion 3 Under Comparison 5 □ Other (Specific Comparison 5 □ Other (Specific Comparison Co		(e		coln Cem		7/30/96	Brentwo	od M	arvland
Department Important: any injury once		21. Signature of Eyneral Service Li	enses /	1				Francis J			aryrand
Depart Depart Import any Inf		Vantt.	/// (1	F	uneral H	lome, Ind	c. 500 Un	iversity	Blvd	. West
		230 Part. Enter the disease, or a	Inplications that caus	ad the death		ilver Sp			rroet		Approximete
Thursdalam	1	23d Pagi. Enter the disease, or subock, or heart failers. Listor	one cause on each	line.			, mg, oddir od od.	and an ideplicatory of			Intervel Between Onset end Deeth
Physician /Medical		Immediete Cause (Final		0 :	1	1 0					
Examiner		disease or condition resulting In death)	а	62-	hosto		cinoma				
	ē			Due to (or	as a consec	quence of):	01	-			
Psit S	Examiner		b	(0"	KILIN	- Hart	IOTIKU	-			
physician and s the bunel-transit	Xa	Sequentially list conditions, if eny, leading to immediate		Due to (or	es e consec	quence of):					
entricate be axecuted ding physician end se as the bunel-transit	ie:	cause. Enter Underlying Ceuse (Disease or injury that initiated events	C								
phys the	edicai	resulting in deeth) Lest		Due to (or	es e conseq	uence of):					
ding a	₹		d ,								
or U	cian										
ed by the a detached	Physician	Pert II. Other significant conditions	s contributing to death	but not resul	ting In the u	nderlying cause (given In Pert I.	23b. Dld	tobacco use co	ntributs to	the cause of death
. 60		Chion	L regal	tayor	L			1 🗆	Yss 2 No	3 Prob	ably 4 Onknow
2.6	1 by		1 1 M	-> '1						041-147	a subsess, the sta
houl	Completed	gren	19					24a. Was	en eutopsy omed?	ava	e eutopsy findings leble prior to spletion of cause
00	npk									of d	eath?
page 2	5							10	Yes 2 No	10	Yes 2□ No
this certificata	Be	25. Wes case referred to medical exeminer?					26. Piece of	Deeth (Check only	one)		
is ce dire	0	1 Yes 2 →	Hospitel: Inpa	tient 2 🗆 E	R/Outpetier	at 3 DOA	other: 4 Nursin	ng Home 5 Resi	denca 8 Ott	er (Specify)	
er th		27. Menner of Deeth	ury et ork?	28d. Describe	how Injury occur	red					
after death. Director: After	atio	1 ☐Neturel 5 ☐ Pending 2 ☐ Accident Investiga	(Month, E	y roun,	Injury		☐Yes 2☐No				
after death Director: A I in by the fi	110	3 ☐ Suicide 6 ☐ Could no determin	ad 286. Place of I	njury - At hor	ne, farm, str	eet, fectory, offic	9		Street and Numi	per or Rural	Route Number,
24 hours afte Funeral Dir staly filled in	Certification:	4 Northcode	building, (etc. (Specify)				City or To	WII, SIBIB)		
neral y fille		29a. Certifier 1 Certifying	Physician: To the bes	st of my know	ledge, deeth	occurred et the	time, dete end pl	ece, end due to the	ceuse(s) and m	enner as sta	ited.
Ful latah	edicai	(Check only 2 Medical Ex	aminer: On the basis and menner:	of examination	on end/or in	vestigation, in my	opinion, death o	occurred at the time,	date and place,	and due to	the cause(s)
within 24 hours after death. To the Funeral Director: After complately filled in by the funeral process.	Ž.	29b. Signature and title of cartifier	_ ^			29c. Lice	nse number		29d. Dete signe	d (Month, D	ley, Year)
- > - 0		(m)	~ \			1	(1)	11	7	las	
_	-	20 November 1		1		10	100	7	1126	140	
10		30. Neme and eddress of person wi					200 5			MD O	0670
10	F	Daul V Domilla	M D 120	I Hoen	ital D	III Cirit.	~ 200 Dr	inno Frac	lo riole	MI3 26	1678

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State Registrar 31. Date filed (Month, Day, Year)

JUL 3 0 1996



BALTIMORE, MARYLAND 21215-0020

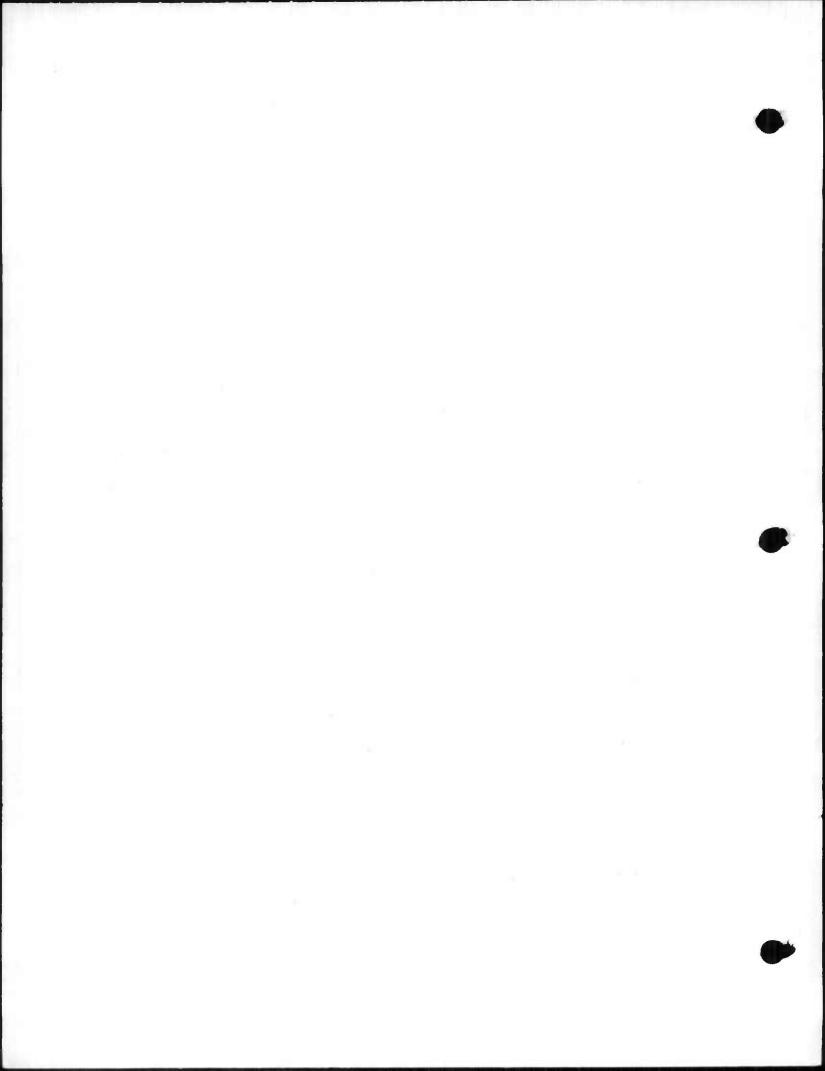
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours and the property of t

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (FIRST		er			***************************************					ATE OF DEATH			3. TIME OF DEATH
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. la.	at blated at					July 2		996		1:20 P.M. M
	231-03-9710		1 🗆 M 2XXF	80	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF B (Month, Day OCt.	1, 19:		Virg	LACE (State or Foreign
-	Ba. FACILITY NAME (If not is								ION OF DE	EATH			TY OF DE	
DIRECTOR	Holy Cross		tal			Silv	<i>i</i> er	Spri	ng		I	Mont	gome	ry
E C	10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN C	R LOCAT	TION				10d. INSIDE CITY		
	Maryland	Montg	omery		Rocl	cvill	le				LIMITS?			
A P	13106 Grei		Drivo					2085			11	-		HAT COUNTRY?
FUNERAL	13. MARITAL STATUS	nabie											S.A.	
	1 Never Married 2	Married	12. WAS DECEOEN FORCES? 1	YES 24	NO	1 1	f yes, sp	ectly Cub	en, Maxica	NIC ORIGIN? (Sp in, Puerto Rican		No-	Black,	- American Indien, White, etc.
B	3 Widowed 4 Dive	orced	IF YES, GIVE V	MAR OR DATES			YES	2.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Specify	y:			Specify	white
0		EDENT'S EDU		16a, D6	CEDENT'S	USUAL O	CUPATIO	ON		16b. KINI	OF BUSINE	ESS/IND	USTRY	
=	Elementary/Secondary (I		College (1-4 or 5	+)	live kind of v Do NOT us	e retired.)	aunng mo	st of work	ng					
COMPLET	12			Ho	memal	ker				Own	Home	_		
	17. FATHER'S NAME (First, N									ME (First, Middle	, Meiden Sun	neme)		
BE	Clinton B						<u>.</u>			Wells				
examiner must be notified TO BE	Stephen B.		r/Son							Route Number, Ca				
ust b	206. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION / Name of QATE 20C. LOCATION — City of Town S												n, State	
	Springhill Cemetery July 29, 1996 Lynchburg, VA													
	Takoma Funeral Home, Inc. 254 Carroll St. NW Washington, DC 20012													
шедіса	23. PART LEtter in disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abook, or heart fellure. List only one cause on each line.													
	IMMEDIATE CAUSE (Final Onset and Death													
1. 19														4/5
2	disease or condition													1.00
NO NO		Sequentially list conditions. CHRONIC LIVER DISEASE												92
T X	If any, leading to immediate cause. Enter UNDERLYING													
	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												1	
CERTIFICATION	resulting in deeth) LAST													
	PART II. Other algnifice	nt condition	a contributing to	deeth but not r	esulting i	n the un	derlying	ceuse	given in		WAS AN AUT		24b. ¥	VERE AUTOPSY FINDINGS
MEDICAL	CACHEX	A: A	SPIRA	TION PI	NENA	ردلده	4				PERFORME		0	WAILABLE PRIOR TO COMPLETION OF CAUSE
										_ ' _		<u>J</u>		OF DEATH?
AN: R	DID TOBACCO U	SE CONT	RIBUTE TO CA	USE OF DEA	TH YE	S 🗆 N	X OV	LUNC	ERTAIN	v 🗆 .				
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:		E OF DEAT	H (Check o	only one)							
YSI	1 TYES 2 NO		1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER		• 5 □ Re	esidence	6 C Other (Spe	icify)			
E E	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D		28b. TIME	OF JRY	28c. INJI WO			28d. DESCRIB	E HOW INJU	RY OCC	UREO	
BY PI	2 Accident	Investigation				M		ES 2	NO					
		Could not be determined	28e, PLACE 0 building,	F INJURY — At ho etc. (Specify)	ma, farm, s	treet, facto	ory, office			281. LOCATION City or Tow	(Street and i	Number o	or Rural Roc	ute Number,
	29a. CERTIFIER	JEVING BUVE	CIAN: To the heat of		-41									
= 5			CIAN: To the best of R: On the besis of e											and manner es stated.
BE CO													Vonth, Day, Year)	
TOB	1º mi	_	8 rege	(M				$\neg \mathcal{D}$	80	944	1	-	1/20	196
-	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED TALE	SE OF DEATH (ITE	M 27) (Type,	Print)		37	20	FALR	Afri	71	WK.	
1 1	MALTIN C. SHAMEL M.D. KIENSINGTON 41 20895													
1 1	31 DATE EILED // footh C-	Manch	1 90 000000	nie denie	-									-
	JUL 3 0	1996	10	Adson Pan	2 00									



Coursey

State of Maryland / Department of Health and Mental Hygiene

29c, License number

606 DUTCHMAN'S LANE, EASTON, MARYLAND 21601

Certificate of Death

4b. City, Town, or Location of Deeth

Easton

2. Deta of Daeth

Month July

4c. County of Death

Talbot

Birthplece (Steta or Foreign Country)

10d. Inside City Limits

21619 Approximate Interval Between Onset and Death

Dery 3

rears

Year

24b. Were autopsy findings available prior to completion of cause of deeth?

1 Yes 22 No

29d. Dete signed (Month, Dey, Year)

1 ☐ Yas 2 ☑ No

Maryland

į	Physicia /Medic Examin	al
	Funeral	

1. Decedent's Name (First, Middle, Last)

Isabel

4a. Facility Nama (If not institution, giva street and number)

E.

Memorial Hospital at Easton

If Undar 1 Yaar Months Days If Under 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Deta of Birth (Month, Day, Year) 1 □ M 200 X 42-34-4227 70 Aug. 31, 1925 Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Merylend Department of Health and Mental Hygiene. Important: if item 27 is marked other than "naturel", or items 23s or 28s-f show eny injury or other treumstic event, the Medical Examiner must be notified at once. 10a. State 10c. City, Town or Location Queen Anne's Md. Grasonville Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21638 U.S.A. 4036 Main Street Funeral 14. Race - American Indian, Black, White, atc. 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. Maritei Status 1 Never Married 2/2 Married 1 ☐ Yes 2/□ No If Yes, Give Saltimore, Maryland 21215-0020 1 Yas 2 No Specify: specify: White þ 3 ☐ Widowed 4 ☐ Divorced Yeer or Detas: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 10 Housewife 17. Father's Neme (First, Middle, Last) 18. Mother's Nema (First, Middle, Malden Surname) Ella Livingston Leonard L. Hoxter 2 19e. Informent's Name/Reletionship (Type, Print) Husband 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) William R. Coursey 4036 Main St., Grasonville, Md. 20b. Plece of Disposition (Name of cemetery, cramatory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State X Burial 2 □ Cramation 3 □ Removel from Stete 4 □ Donetion 5 □ Other (Specify) July 7,1996 Stevensville Cemetery Stevensville, Md. 22. Nama and Addrass of Facility Fellows, Helfenbein & Newnam Funeral Home, P.A.

106 Shamrock Rd., Chester, Md. 2161

23a. Penti. Enter tha disease, or complications that caused the death. Do not entar the mode of dying, such as cardiec or respiratory errest,

Approximate the mode of dying, such as cardiec or respiratory errest. **Physician** Immediete Cause (Finei diseasa or condition resulting in deeth) /Medical Examiner Due to (or es a consequence of) Examiner attending physician and for use es the buriel-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest certificate be execu Box 68760. Physician/Medical signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown þ 24a. Was an autopsy performed? Completed Urinary tractinfection peen hes DNEUMONIA 1 Yes 2 1 No Division of Vital I 25. Was casa referred to medical examiner? Be 28. Place of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No al or Attending Physics safter death. I Director: After this c 2 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28e. Dete of Injury (Month, Dey Year) funeral 27. Menner of Deeth 28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred Certification: Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident ne Hospital or Atter n 24 hours after der he Funerel Directo pletely filled in by th 6 Could not be determined 3 ☐ Suicide Piece of Injury - At homa, ferm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. Certifier (Check only Certifying Physician: To the best of my knowledge, death occurred at the time, dete and plece, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and pleca, and due to the cause(s) and mannar statad. Medical To the Hosp within 24 ho To the Fune completely fi

29-50

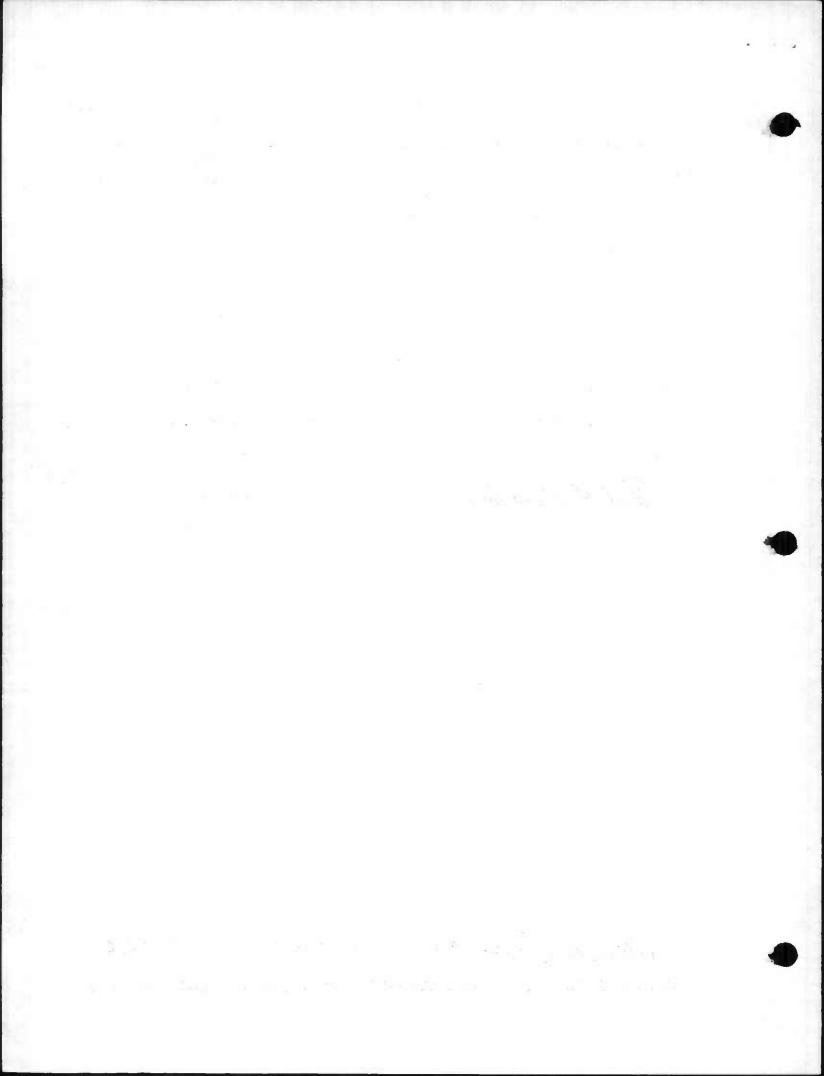
30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

3. Time of Leath

7:51 PM

State Registrar 29b. Signature and title of certifier

MICHAEL LEES, M.D.



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Vest Cernik July Emilie G. 24 1996 /Medical 6:35 PM 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 110 Kirwans Landing Lane Chester Queen Anne's If Undar 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Days Hours Min. (Month, Day, Year) 5. Social Security Number Birthplace (Stete or Foreign Country) 6. Sax 7. Aga (In yrs. last birthdey) **Funeral** Months Days 1□M 2√√ Yrs Director 092-10-6189 Feb.12,1919 New York Usual Residence of Decedent Peges 1 and 2 should be filed within 72 hours after death with the Meryland nent of Heelth and Mental Hygiene. nt: If flem 27 is marked other than "natural", or itema 23a or 28a-f show 10a State 10b. Count 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or itema 23a or 28a-f sho traumatic event, the Modical Examinar must be notified at Maryland Queen Anne's Chester 1 Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 110 Kirwans Landing Lane 21619 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Orlgin? (Specify Yes or No-It Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Yaar or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Brokerage Firm Executive Secretary 12 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Andrew Schermeta Mary 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Heelth a Hem 27 is other tra 110 Kirwans Landing Lane, Chester, Md. 2161 Stephen W. Cernik Husband 20b. Place of Disposition (Nama of cematery, cramatory or other plece) 20a. Method of Disposition Data 20c. Location - City or Town, State permit. Peges Department of Important: If it any injury or o 1 Spirial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) July 27,1996 Stevensville Cemetery Stevensville, Md. 21. Signature of Funeral Service Licensee 22. Name and Addrass of Facility Fellows, Helfenbein & Newnam Funeral Home, P.A. 22. Name and Addrass of Facility 23e. Part. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Chester, Md. Approximate Interval Between Onset and Death **Physician** Immadiete Cause (Final disease or condition resulting in death) /Medical Cormary Im Examiner Examiner The law requires that the deeth certificate be executed physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or injury that initiated events resulting in death) Lest Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) ettending pt for use es tf signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: 25. Was case reterred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 25 No 1 Inpatient 2 ER/Outpatient 3 DOA After this 27. Menner of Death 28a. Data of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 1 Natural 5 Pending deeth. 1 Yes 2 No investigetion 2 Accident aftar deeth Director: 3 Suicida 6 Could not be 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicide • Funeral I edical To the Hospi within 24 hou To the Funer completely file 29a, Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piece, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 134 Rd West Rever 20518 Oversville MUD 31. Date tiled (Month, Day, Year) 2 6 1996 32. Registrar's Signatura

Julia Davidson-Randelle State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month Vaar Philip Frank Carrigan July 14,1996 1:00 A.M. /Medical 4b. City. Town, or Location of Death 4a. Facility Nama (If not Institution, give street and number) 4c. County of Death Examiner Queen Anne's 2645 Cecil Drive Chester If Undar 1 Yaar If Undar 24 Hrs. 8, Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** M 2□ F Yrs. Director 577-32-2026 68 Sept. 19, 1927 Wash.D.C. Usuai Rasidance of Dacedan the Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. inside City Limits items 23s or 28s-f show ner must be notified at Director 1 ☐ Yas 2 ☑ No Oueen Anne's Chester 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? death with 2645 Cecil Drive 21619 U.S.A. Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 11. Maritat Status traumatic event, the Medical Examiner filed within 72 hours efter 1 Yas 2 No Tryes, Giva Yaar or Datas: WWII 1 Nevar Married 2 Married altimore, Maryland 21215-0020 ŏ 1 ☐ Yas 2 ☑ No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry 16a. Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) U.S. Government nd Mentel Hygiene. marked other than Elamantary/Secondary (0-12) College (1-4or 5+) (Foreman) Printing Supv. Printing 12 17 Father's Name (First Middle Lest) 18. Mothar's Nama (First, Middla, Maidan Surnama) Peges 1 and 2 should be fill ment of Health and Mentel Health ant: If Item 27 is marked oth Be Margaret Matthews Wallace Carrigan 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) or other tra 2645 Cecil Dr., Chester, Md. 21619 Dann Carrigan (Son) 20b. Place of Disposition (Nama of cematary, cramatory or othar place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata permit. Peges 1
Department of H
Important: If ites
any injury or ott
once. > Burial 2 ☐ Cramation 3 ☐ Ramovai from Stata July Stevensville Cemetery 17,1996 Stevensville, Md Donation 5 Othar (Specify) 22. Nama and Addrass of Facility Fellows, H Newnam Funeral Home, P.A. 21. Signature of Funarai Sarvica Licenses 22. Nama and Addrass of Facility Helfenbein & Part Entar tha disaasa, or complications that causad tha daath. Do not antar tha moda of dying, such as cardiac or raspiratory arrast, shock, or haart failura. List only one causa on aach lina. Md 21619 Approximata Interval Batwaan Onsat and Death **Physician** /Medical Immediata Causa (Final 20 mer diseasa or condition resulting in death) Examine Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, taading to immadiata cause. Entar Underlying Causa (Disaasa or injury that initiated avants rasuiting in daath) Last ettending physician and for use as the buriel-tran Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consequence of) signed by the e Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à should b 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? is certificate hes b director, page 2 s 1 ☐ Yas 2 No 1 □ Yas 2 □ No Attending Physician: Be 25. Was casa rafarred to medical 26. Piaca of Daath (Chack only ona) Othar: 4□ Nursing Homa A Rasidance 6 □ Othar (Specify) 2 1□Yas 2世No 1 inpatiant 2 ER/Outpatient 3 DOA this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. injury at Work? 28d. Dascribe how injury occurred Certification: After 5 Panding invastigation 4 Natural death. 1 ☐ Yas 2 ☐ No 2 -Accident To the Hospital or Attal within 24 hours after dea To the Funeral Director completely filled in by the 6 Could not be datarmined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Piaca of injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar Medical (Check only one)

State Registrar

29b. Signature and title of certifier

31. Data filed (Month

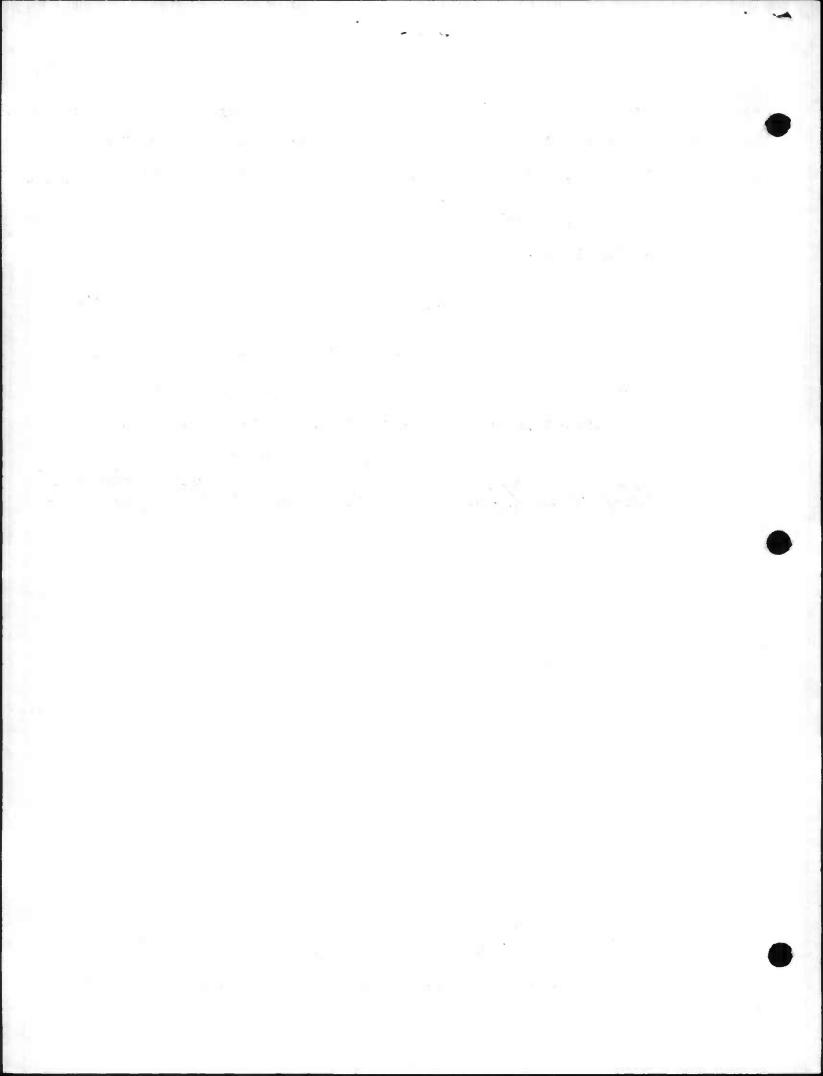
30. Name and address of parson who complated causa of death (itam 23a) (Type, Print)

Steve P.

Watkins, MD; 900 Bestgate Rd., Annapolis, Md. 21401 Andere Signatura Gandoll

29c. Licansa number

29d. Data signed (Month, Day, Year)



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	Medical Certification	3 Widowad 4 Divor 15. Dece (Specify only his Elementery/Secondary (0-1 12 17. Fether's Name (First, Midd Calvin Campb 19e. Informent's Name/Relett Edward Amos/ 20a. Method of Disposition 1 Buriel 2 Cremetit 4 Donation 5 Other 21. Signature of Fundament Service (Finel disease or condition resulting in deeth) 23e/Rart Enter the disease shock, or heert feilure. I mediate ceuse. Enter Underlying Cause (Disease or injury thet initiated events rasulting in deeth) Lest Pert II. Other significant conditions, if eny, leeding to immadiate ceuse. Enter Underlying Cause (Disease or injury thet initiated events rasulting in deeth) Lest Pert II. Other significant conditions, if eny, leeding to immadiate ceuse. Enter Underlying Cause (Disease or injury thet initiated events rasulting in deeth) Lest 25. Wes cese referred to mediexeminer? 1 Yas 2 No 27. Menner of Deeth 1 Yas 2 No 27. Menner of Deeth 1 Yas 2 No 27. Menner of Deeth 1 Yas 2 No 27. Menner of Deeth 1 Yas 2 No 27. Menner of Deeth 1 Yas 2 No 27. Menner of Deeth 1 Yas 2 No 27. Menner of Deeth 1 Yas 2 No 27. Menner of Deeth 1 Yas 2 No 27. Menner of Deeth 1 Yas 2 No 27. Menner of Deeth 1 Yas 2 No 27. Menner of Deeth 1 Yas 2 No 27. Menner of Deeth 1 Yas 2 No 27. Menner of Deeth 1 Yas 2 No 27. Menner of Deeth 1 Yas 2 No 27. Menner of Deeth 1 Yas 3 Yas 2 No 27. Menner of Deeth 1 Yas 3 Yas 2 No 27. Menner of Deeth 1 Yas 3 Yas 2 No 27. Menner of Deeth 1 Yas 3 Yas 2 No 27. Menner of Deeth 1 Yas 3 Yas 2 No 27. Menner of Deeth 1 Yas 3 Yas 2 No 27. Menner of Deeth 1 Yas 3 Yas 2 No 27. Menner of Deeth 1 Yas 3 Yas 2 No 27. Menner of Deeth 1 Yas 3 Yas 2 No 27. Menner of Deeth 1 Yas 3 Yas 2 No 27. Menner of Deeth 1 Yas 3 Yas 2 No 27. Menner of Deeth 1 Yas 3 Yas 2 Yas 2 Yas 2 Yas 2 Yas 2 Yas 2 Yas 2 Yas 2 Yas 2 Yas 2	Sequentielly list conditions, if eny, leeding to limmadiate cause. Enter Underlying Coses. Enter Underlying Coses. Enter Underlying Coses. Enter Underlying Coses. Enter Underlying Coses. Elementery/Secondary (0-12) 12 17. Fether's Name (First, Middle, Lest) Calvin Campbell 199e. Informent's Name/Reletionship (Type, Method of Disposition 1	Sequentielty list conditions, if eny, leading to death be shock, or heart fellure. List only one cewse on each if eny, leading to death be shock, or heart fellure. List only one cewse on each if eny, leading to death be shock, or heart fellure. List only one cewse on each if eny, leading to death be shock, or heart fellure. List only one cewse on each if eny, leading to limited events rasulting in deeth) Lest 25. Wes cese referred to medical execute. Enter Underlying Cause (Disease or Injury that initiated events rasulting in deeth) Lest 25. Wes cese referred to medical execute. Enter Underlying rasulting in deeth) Lest 27. Menner of Deeth	Sequentially list conditions, if any, leading to tamerating in death) Sequentially list conditions, if any, leading to tamerating in death) Lest	15. Decedent's Education 16. Decendent's Education 16. Decendent's Ed	Sequentielly list conditions, if erry, leading to learn the modical sease or consequence of sease or sequence sequence of sease or sease or sequence of sease or sease or sequence of sease or	Second composition Second	Securities Sec	Types Green Types Companies Types Companie	3 Widowad 4 Divorced 1 Yes 2 No Specify Sp	Second Specific

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THE RESERVE WAS CALLED

State of Maryland / Department of Health and Mental Hygiene

23956 Certificate of Death 2. Deta of Death Month 3. Time of Death Year

4b. City, Town, or Location of Death

1990

4c. County of Death

Physician
/Medical
Examiner

1. Decedent's Neme (First, Middle, Last)

Physician /Medical Examiner Mospital or Attending Physician: The law requires that the death certificate be executed 24 hours efter death. Funeral Director: After this certificate has been signed by the ettending physician and Box 68760, physician Records, P.O. Division of Vital illed in by the 24 hours To the Hosp within 24 ho To the Fune completely f

504 4a. Facility Nema (If not institution, give street end number) 5. Social Security Number **Funeral** 226 10 6123 Director the Meryland 10a. Stata permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Meryla Department of Health end Mental Hygiens. Important: If tiern 27 is areked other than "natural; or frems 23a or 28a-f show any injury or other traumatic event, tra Medical Examiner mast be notified at 28a-f show Director Maryland 10e. Street and Number Funeral Baltimore, Maryland 21215-0020 ð Completed 12 Be Soloman 20e. Method of Disposition Immediate Cause (Finet disease or condition resulting in deeth) Examiner Physician/Medical Completed by 8 exeminer? 1 Yes 2 No 2 27. Menner of Deeth Certification: Neturei 2 Accident 3 Suicide 4 Homicide 29a. Certifier

Washington Adventist Hospital Takoma Park Montgomery If Undar 24 Hrs. 8. Dete of Birth (Month, Dey, Year) if Under 1 Yeer Months Days 7. Aga (In yrs. last birthday) Birthpiace (State or Foreign Country) **№** 2□ F Months Yrs. Dec. 18, 1917 West Virginia Usuai Residence of Decedant 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Anne Arundel Lothian 10f. Zip Code 10g. Citizen of What Country? Box 290 Waysons Mobile Ct. 20711 United States 12. Wes Decedent Ever In U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexicen, Puarto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Yes 2 ☐ (No if Yes, Give Yaar or Dates: 1 Never Married 2 Married 1 Yas 2 The Specify. 3. Widowed 4 □ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementery/Secondary (0-12) Cotiege (1-4or 5+) Pepco Security Guard 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Carr Montoeny Peachie 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) Paulette Reed 3408 Davidsonville Rd. Davidsonville Md. 21035 Daughter 20b. Ptece of Disposition (Name of cometery, cremetory or other place) 20c. Location - City or Town, Steta ¥Mariel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Fort Lincoln Cemetery 7/27/96 Brentwood Maryland 21. Signetura of Funaral Sarvica Licenses 22. Nama and Address of Fecility Robert E. Evans Funeral Home, P.A. Utuns 16000 Annapolis Rd. Bowie Md. 20715 23a. Pert1. Enter the disease, or complications that ceuse if the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart feliura. List only one ceuse on each line. Approximeta Intervei Between Onset and Deeth ADULT RESPIRATORY DISSTRESS SYNDROME BILATERAL PREYMONIA SEPTICEMIA SIX WEEKS Sequentielly tist conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Last Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? CORONARY ARTERY DISEASE E) CHRNIE REACH 1 Yes 2 No 3 Probably 4 Unknown FAILURE @ DLABETES MELLITUS 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an eutopsy performad? 2 N No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Unpatient 2 □ ER/Outpetient 3 □ DOA 28b. Time of 28c, Injury et Work? 28d. Describe how injury occurred 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Piece of Injury - At homa, farm, straet, fectory, office building, etc. (Specify) Certifying Physician: To the bast of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basts of axamination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) Medical and manner stated. 29b. Signature 29c. License number 29d. Dete signed (Month, Dey, Year) Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print) 4700 BERWYN HOUSE RD, COLLEGE PARK MI 32. Registrer's Signature State

Alli Studear Revell

DHMH 16 Ray 6/95

Registrar

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State of Maryland / Department of Health and Mental Hygiene

23957 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month Yaar 1996 Dul /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Hospitar Pnnie ional Laure Veorge If Under 1 Year | If Under 24 Hrs. 8. Date of Birth Months | Days | Hours | Min. | Sept. 3, 5. Social Sacurity Number 6. Sax 9. Birthplace (Stata or Foraign 7. Aga (In yrs. last birthday) **Funeral** Yer 930 15 M 2□ F 415-42-5334 65 Yrs. Chicago, Ill. Director Usual Rasidance of Dacedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location Peges 1 and 2 should be lited within 72 hours after deeth with the Marylan tent of Health and Mentel Hygiene. Int: If them 27 is marked other than "natural", or items 23a or 28a-f ahow ity or other traumetic event, it is Maryleal Examinat must be notified at 10d. Inside City Limits Md. Prince George Laurel 1X Yas 2 No Director 10e. Street and Number (Golden Oaks Convalesce Hit Coda & Rehabilation Center) 9001 Cherry Lane 10g. Citizan of What Country? 20708 USA Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian, Black, Whita, atc. 1% Yas 2 No If Yas, Giva Retired Yaar or Datas: 1972 1 ☐ Nevar Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No þ Specify: Black 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12 Correctional Officer Government 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maldan Sumama) George Clark Ella Jones Bates 19a. tnforment's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Edith G. Clark 1510 12th St., N.W. (Wash., DC. 20005) 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cremation 3 □ Ramoval from Stata permit. Pege Department of Important: If any injury or 7/26/96 Arlington National Arl., Va. 4 Denation 5 Othar (Spacify) 22. Nama and Addrass of Facility Jordan Funeral Service, Inc. Signature of F Service Liber 4001 Benning Rd., NE. (Wash., D.C. trations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, a cause on each line. Onsat and Death **Physician** /Medical Immedieta Causa (Finel 041 disaasa or condition rasulting in daath) Examiner Due to (or es a consaquance of): siclan and burial-trensit certificate be executed Sequantielly list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaase or Injury that initiated evants rasulting in daath) Last Due to (or as a consequence of): Records, P.O. Box 68760. signed by the attending physician d be deteched for use as the buria Physician/Medical Dua to (or as a consaquanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of daath? hes 1 ☐ Yas 2 ☐ No certificate Division of Vital Attending Physician: 25. Was casa rafarred to madical Be 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yas 2 No 1 Inpatiant > ER/Outpatient 3 DOA After this funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred 5 Panding Natural death. 1 Yas 2 No invastigetion 2 Accident after death lilled in by the 3 Suicida 8 Could not ba 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicide To the Hospital or within 24 hours aff To the Funerel Di completely filled in edical 1 Sertifying Physician: To the best of my knowledga, daath occurred at tha tima, date end place, and dua to the cause(s) and mannar as stated.
2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, daath occurred et the tima, deta and piece, and dua to the cause(s) and mannar stated. 29e. Cartifian (Check only one) 29b. Signature and title of certifier 29c. Licansa number 29d. Pata signed (Month, Day, Year) May MD odress of person who completed causa of death fitam 23a) (Type, Print) 30. Nama and aurel-Bours ld#307 Laurel MD 25708 May MD 31. Data filed (Month, Dav. Year) 32 Registrar's Signatura State JUL 25 1996 Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

23958 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death Month **Physician** Homas 199 RANIONS 30 pm /Medicat 4b. City, Town, or Location of Death 4c. County of Death 4a. Facility Name (If not institution, giva street and number) **Examiner** Washington Adventist Hospital Takoma Park Montgomery If Under 1 Year If Under 24 Hrs.

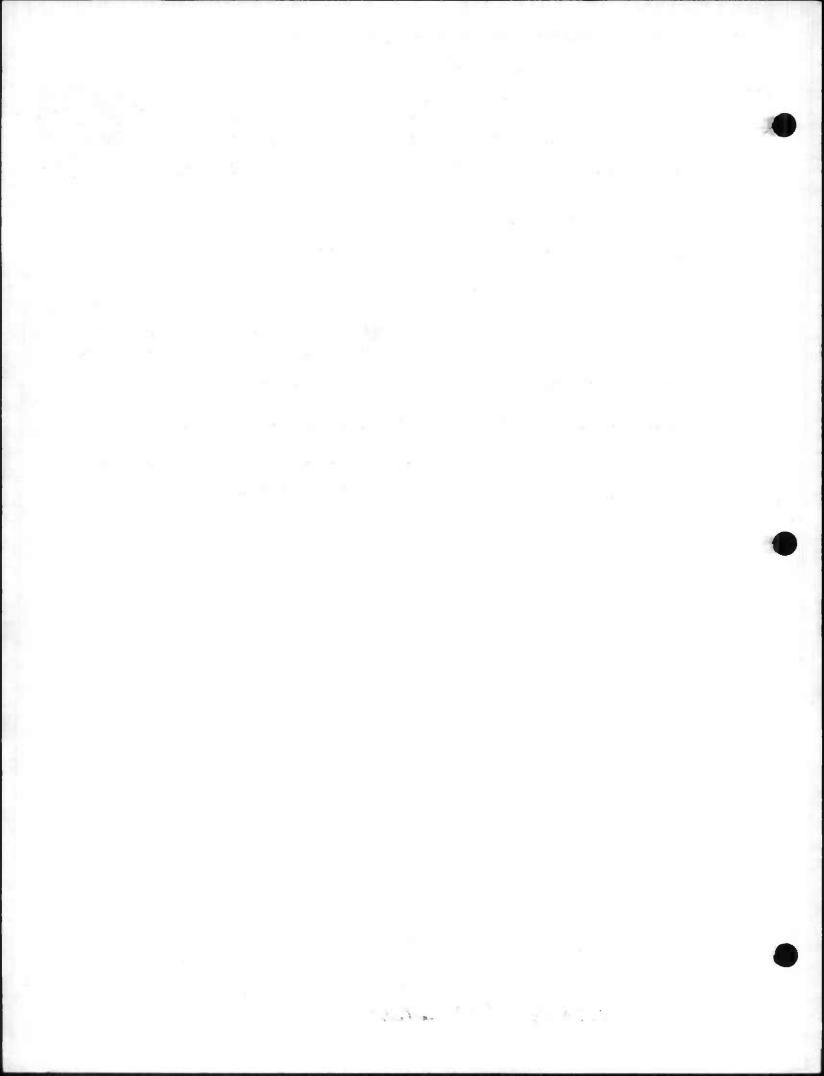
Months Days Hours Min. 8. Data of Birth
Feb. 17,1927 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foreign **Funeral** Leary, 17 M 2□ F 256 - 32 - 4170 69 **Director** Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, or a Medical Examiner must be noutled at YOYes 2 □ No Director MD Prince Georges Adelphi 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 8211 16th Avenue 20783 USA Funeral 12. Was Decedant Evar In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, atc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hyglene. Important: if Item 27 is marked other than "natural", or field any highry or other traumatic event, trained enter a month once. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2√ No Specify Black þ 3 Widowed 4 Divorcad Completed 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) WOLKET 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Bureau of Engraving Elementary/Secondary (0-12) Collega (1-4or 5+) Gravure Ink Production and Printing 18. Mother's Name (First, Middla, Maldan Surname) 17. Father's Name (First, Middle, Last) Be Robert Crayton Mattie Greir 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Ionia Crayton Wife 8211 16th Ave. Adelphi, MD 20783 20a. Method of Disposition

1 Burial 2 Cremetion 3 Removal from State 20b. Place of Disposition (Name of camatery, cremetory or other place) Date 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) Wheaton, MD Parklawn Cemetery 7 - 2721. Signature of Funeral Service Licansee 22. Nama and Address of Facility Marshall's Funeral Home, Inc. 4217 9th St. N.W., Wash., DC 20011 at the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approxim Approximate Interval Batween Onset and Deeth **Physician** /Medical Immediete Cause (Final diseese or condition resulting in death) **Examiner** Examiner burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events rasulting in death) Last and Box 68760. physician certificate be Physician/Medical the as a consequence of Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part f. Division of Vital Records, P.O. the s 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 22 No 3 Probably 4 Unknown by 24b. Ware autopsy findings avsilable prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed 1 Yes X No 1 ☐ Yas 2 ☐ No certificate or Attending Physician: efter death. 25. Wes case referred to medical axaminer? Be 26. Place of Deeth (Check only one) Hospitel: 10 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 this 27. Manner of Deeth Certification: 28a. Date of Injury 28b Time of 28c. Injury at Work? 28d. Describe how injury occurred After 1 Natursi 2 Accident 5 Pending 1 TYes 2 No Investigation Director: 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 24 hours e Funerai D Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end pleca, and due to the cause(s) end manner as ststed.

Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred et the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) To the 29b. Signature and title of certifier 29ç. License number 29d. Data signed (Month, Day, Year) 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) DESHAY, M.D. 7610 CARROLL AVE, #320; 6. TAKONA 31. Date filed (Month, Dey, Yeer)

JUL 2 4 · 1996 32. Registrar's Signatura State Registrar

DHMH 16 Rav 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 96-4028-033 State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Dacedant's Nama (First, Middla, Last) 2. Deta of Daath 3. Time of Deeth JULY **Physician** CHARLES 18, COOLEY 1996 11:52 PM /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner PRINCE GEORGES GENERAL HOSPITAL CHEVERLY Prince Georges If Under 1 Year Months Days If Undar 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Yaar) 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** Birthplace (Steta or Foraign Country) 1X M 2 □ F 26 yrs. Director 217-98-4143 April 14,1970 Wash., DC Usual Rasidanca of Decedant the Maryland 10a. Stata 10c. City, Town or Location "natural", or items 23s or 28s-f show 10d. inside City Limits Director Y☐ Yes 2☐ No MD Prince Georges Brentwood 10a. Straat and Number 10f. Zip Code 10g. Citizan of What Country? 3504 Webster Street 20722 USA Funeral death v 12. Wes Decedent Evar In U.S. Armed Forcas? Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Raca - American Indian, Bleck, Whita, atc. 11. Marital Status Pages 1 and 2 should be filled within 72 hours after nent of Health and Mental Hygiene. Int: If item 27 Is merked other than "natural", or ite 1 Navar Married 2 Marriad 1 ☐ Yas 2 X No If Yas, Giva 21215-0020 1 ☐ Yas 2 ☑ No Spacify: þ Specify Black 3 ☐ Widowed 4 ☑ Divorcad Year or Dates: Completed the Medical 16e. Dacadant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratirad) 15. Decedant's Education (Spacify only highest grada completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collage (1-4or 5+) of Health end Mental Hygie fitem 27 is marked other t ir other traumatic event, in Student UNIVERSITY Maryland 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Charles B. Fultz 2 Jeanette Robinson 19a. Informent's Nama/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Steta, Zip Coda) Jeanette Cooley-Mother 3504 Webster Street, Brentwood, MD 20722 Baltimore, 20a, Mathod of Disposition 20b. Placa of Disposition (Nama of 20c. Location - City or Town, State Date permit. Pages. Department of H Important: If ite any Injury or ot camatary, cramatory or other place) Burial 2 Cremation 3 Ramovel from State 4 Donation 5 Othar (Spacify) Harmony Memorial Park7-24 Landover, MD 21. Signatura of Funeral Sarvice Licensaa 22. Nama and Address of Facility Marshall's Funeral Home, Inc. f 23a. Part. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one cause on eech line. DC 20011 Approximata Intarvel Batwaan Onsat and Death **Physician** /Medical Immediate Causa (Final disaasa or condition rasulting in death) Examiner Examiner The law requires that the death certificate be executed ettending physician and for use as the buriel-tran Sequantially list conditions, if any, laading to immediata causa. Entar Underlying Causa (Disaasa or Injury thet initiated avants Dua to (or as a consequence of) P.O. Box 68760, Physician/Medical Dua to (or es e consequence of) rasulting In death) Last Part II. Other aignificant conditions contributing to death but not rasulting in the underlying causa given in Part I. 23b. Did tobacco use contributa to the causa of death? signed by t No 3 Probably 4 ☐ Unknown 1 Yes Records, ģ Completed 24b. Were eutopsy findings evallable prior to complation of causa of daath? 24e. Was an autopsy performed? Deen certificate hes 2 No Attending Physician: Be 25. Was casa referred to medical 26. Place of Daath (Check only one) axaminar? 1∑ Yas 2 No Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 2 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA this funeral 27. Mannar of Death Data of Injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred After 5 Panding Invastigation s efter dea....al Director: Afte 340 M 1 Natural 18-96 1 Yas 2 Accident 6 Could not be datarminad 3 ☐ Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) Placa of Injury - At homa, farm, streat, fectory, offica building, atc. (Specify) fomloide ö To the Hospital o within 24 hours of To the Funeral Di completely filled is 1 Certifying Physician: To tha bast of my knowladga, daath occurred at tha time, deta and placa, and duado tha causa(s) and mannar es steted.

2 Medical Examinar: On tha basis of examination end/or invastigation, in my opinion, deeth occurred at the tima, data and place, and dua to the cause(s) 29a. Cartifiag Medical (Check onl) end mannar steted 29b. Signature and title of certifiar 29c. License number 29d. Dete signed (Month, Dey, Year)

of Vital

Division

31. Date filed (Month, Day, Yaer) State Registrar

Jul 2 3 1996

ARON

ddress of person who completed cause

111 Penn Street, Baltimore, Maryland 21201 Ragistrar's Signature

of deeth (Item 23a) (Type, Print)

O.C.M.E.

JULY 19, 1996

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and the second drawn

State of Maryland / Department of Health and Mental Hygiene

Department.	011	icaitii aiia	IAICIIC
Certificate	of	Death	

23960

4	Physici /Medic Examin	: 8
	Funeral Director	

1. Decedent's Name (First, Middle, Last) MARVIN

CORDOVA

JULY

2. Date of Death

Reg. No

3. Time of Death 0715 AM

10d. Inside City Limits

Approximate interval Between Onset end Death

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29d, Date signed (Month, Dev. Year)

JULY 22,1996

1X Yes 2 No

28a-f ahow ò 238 or itams

traumatic avent, the Medical Examiner traint be notified at 'natural', al Hygiena.

filed within 72 hours efter death with the Maryland permit. Pages 1 and 2 should be life Department of Health and Mental Hy Important: If Item 27 Is marked oth any Injury or other traumatic avent space.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the death certificete be executed

Box 68760.

Division of Vital Records, P.O.

or Attending Physician:

Hospital

after death.

To the Within 2

bunal-transit and ettending physician for use as the buris ed by the e signed by I Completed peeu has certificate Be P this uneral Certification: After a Funeral Director: A Figure 1 of Funeral Director: A sletely filled in by the f In by

10a. State Director MD Funeral þ Completed Be To Physician/Medical Examiner by

24 1996 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth HYATTSVILLE 2074 UNIVERSITY BLVD PRINCE GEORGES If Under 1 Year Months Days If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) M DM 2□F Yrs 578-21-2159 29 JUNE 28 1967 EL SALVADOR Usual Residence of Decedent 10b. County 10c. City, Town or Location MONTGOMERY SILVER SPRING 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 110 AMES ROAD 20910 EL SALVADOR, C.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Stetus ☐ Yes 2X No Yes, Give 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: HISPANIC 3 Widowed 4 Divorcad Year or Dates: 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 4TH LABORER CONSTRUCTION 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) ANTONIO CORDOVA MERCEDES VARELA 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JOSE CORDOVA 110 AMES ROAD SILVER SPRING, MD 20910 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) JULY/29/96 EL SALVADOR.C.A. FAMILY CEMETERY 21. Signature of Funeral Servica Licensee W.H. BACON FUNERAL HOME INC. Ga Cer 276 3447 14TH STREET, N.W. WASH, D.C. 20010 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) · CO RONDRY THROM BOSIS Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury thet initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Was an autopsy performed? Yes 2 No Yes 2 No 25. Wes cese referred to medical examiner? 26. Piace of Deeth (Check only one) Other: 4 Nursing Home A Residence 8 Other (Specify) Hospitai: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Yes 2□ No 27. Manner of Death 1 ⊠Natural 28c. Injury at Work? 28a. Date of injury (Month, Day Year) 28d. Describe how Injury occurred 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident

30. Name and eddress of person who completed ceuse of death (item 23a) (Type, Print) Margarita Korell M.D. 31. Date filed (Month, Dey, Year)

3 Suicide

29a. Certifier

Medical pletely

4 | Homicide

(Check only one)

29b. Signeture and title of certifie

6 Could not be determined

De

JUL 26

32. Registrar's Signature

111 Penn Street, Baltimore, Maryland 21201

28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify)

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and menner as steted.

Medical Examiner: On the best of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated.

29c. License number

O.C.M.E.

State Registrar

State of Maryland / Department of Health and Mental Hygiene 96 23961

						Cer	tificate	e of	Death			Reg. No.				
		1. Decedent's Name (First, Middle	e, Last)								2. Date of De	ath		3. Time of Death		
Physician	_	Cortez Enlo	e Cox								Month July	25,	1996	9:40 P		
/Medica Examine		4e. Facility Name (If not institution	, give street end nu	m ber)					4b. City. To	wn, or Lo	cation of Deat		nty of Deeth	9:40 P	-	
LAdillile	1	5217 North En	-							verl				eorge's		
Funeral	7	5. Social Security Number	6. Sex		e (In yrs. lest bir	thday)	If Under	1 Year			4		-			
Funeral Director		432-05-8961	1 8 M 2□ F	, , , , ,		Yrs.		Days		Min.	8. Date of Bir (Month, Da	y, Yeer)	Cour	place (State or Foreign htry) ansas		
	-	Usual Residenca of Decedent			13						12-17-	1910	TIL	alisas		
ms 23a or 28a-f show		10a. State 10b. County			10c. City, Town	n or Loc	ation						1	IOd. Inside City Limits		
28a-f show	5	Maryland Princ	e George	's					C	heve	erly			Yes 2□No		
or 28a-f s	5	10e. Street and Number	-				10f. Zip (Code				10g. Citizen o	(Mha) Cau	-12	_	
23a or 28a-f should be nothing at	5	5217 North En	alewood l	Driv	ve		101. Zip (0000	2078	5		-	SA	ntry r		
r items 23a	2	11. Maritel Status	12. Was Dec			12 14	Inc Donado	ant of L			aifu Van ar Na	14.0	lana Amorla	an Indian		
Hems Inst. m	5	1 Never Married 2 Marri	Armed Fo	orces?		lf.	Yes, speci	ify Cub	an, Mexican	Puerto	ecify Yes or No Rican, etc.)	No- 14. Raca - Americen Indian, Black, White, etc.				
0 5	À	3 Midowed 4 □ Divorced	If Yes, Gi	ve	40	1	☐ Yes 2	No	Specify:			Spec	oity: B1	ack		
		15. Decedent	Albert 1	atos.	160								4	_		
and a	pasaidillos	(Specify only highes	t grede completed)			(Give k	and of work	k done	during most	of worki	ng	16b. Kind of	Business/in	dustry		
than the		Elementary/Secondary (0-12)	College (1-4or 5	i+)			ache	-/				Decise	40		
	5	17. Father's Name (First, Middle, I					166	CHE	1	re Namo	/First Middle	Maldon Sum	Priva	te		
	ă	James Monro								her's Name (First, Middle, Malden Surneme) Minnie Elyse Brock						
T metic					1.00											
0 2		19a. Informant's Name/Relationsh James Cox/Brot										er, City or Ton				
item 27 other tr	-	<u>-</u>	TIEL						DIIVE	, FC		th, Arl				
	ď	20a. Method of Disposition 1 ☐ Burial 2 🏋 Cremetion	3 Removel from	State		y, creme	etory or oth	her pla		Ĺ	Date	20c. Location				
rtant:		4 ☐ Donation 5 ☐ Other (Sp			Chesag	beak	e Cre	emat	tory	7/	26/96	Belts	sville	, Maryland		
any in		21. Signature of Funeral Servica L				ess of Facility										
5 2 9	4	Nancy A.	Percent	re		J	. B.	Jer	nkins	Fune	ral Ho	me				
	1	23a. Part1. Enter the disease, or shock, or heart failure. List of	complications that o	aused	the death. Do n	ot ente	r the mode	Jano	dover	ROão cardiac o	r respiratory a	over, 1	Maryla	nd 20785		
ysician	1	shock, or heart failure. List of	only one ceuse on e	ach Iir	ne.						, ,			Intervel Between Onset and Death		
edical		Immediate Cause (Final														
miner		diseese or condition resulting In death)	a. WC	21	oses		in	-0	an	ce	w	ne o-			4	
i d	5				Due to (or as a o	onsequ	ence of):									
in end hel-transit Examiner			b				-									
physician end s the bunel-transit		Sequentially list conditions, f any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events	Ĭ		Due to (or as a c	onsequ	ence of):									
		cause. Enter Underlying Cause (Disease or injury	C													
use es the bu		resulting in death) Last	.0	-	Due to (or es e c	4								- d		
use es			Pn	00	sla	le	_ (30	10	r	non	ua	6	28 min	1	
															100	
Physicia	F	Part II. Other significant condition	s contributing to de	eath bu	it not resulting in	the und	derlying car	use giv	en in Part I.		23b. Dld	tobacco use o	ontribute to	the cause of death?		
P etac									10	1 Yes 2 No 3 Probably 4 Unkn						
200																
calle has been signed by the arter page 2 should be detached for Completed by Physicial											24a. Wes	en eutopsy		ere autopsy findings eilable prior to		
nes pe 2 sh	-					-		-		_			COI	mpletion of cause death?		
page											10	Yes 2 No	10	Yes 2□ No		
rector, pag		5. Was case referred to medical							OC Diseas	of Dooth			16	163 20 140	_	
director,		examiner? 1 ☐ Yes 2 ☑ No	Hospital:		-1 -0		•□ •••	Oth	or:		(Check only o		and the Act		1	
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Examin		4a. Facility Name (If not institution		number)			4b. City, Town, o	r Location of Dea	th 4c. County	of Deeth	
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unerai		5. Social Security Number	6. Sex M 2 ☐ F	7. Age (In yr.	rs. last birthda	y) if Under 1 Ye Months De	ear If Under 24 H	n. 8. Date of B	irth lay, Yeer)	9. Birthp	lece (Stete or Forei
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atic o		Arthur W. Cross					Marie J	. Cosgro	ove		
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important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exercities must be notified at Once.		21. Signature of Funeral Service 23a. Part1. Enter the disease, or shock, or heert failure. List	Basch -	hade caused the deleach line.	F 4	739 Balt	asch's Sc imore Ave	ons Funer	ttsville		
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	ter dea	S	11. Maritai Status	12. Was Dacad Armed Forc	as?	5. 13.	Was Decedan If Yes, specify	Cuban	panic Ori	gin? (Spe , Puerto	ecify Yes or No- Rican, etc.)	r No- 14. Race - Amarican Indien, Black, White, etc.				
20	72 hours after death with the Maryland natural, or frams 23a or 28æf show pical Examerae must be inclined at	by F	1 Never Married 2⊠ Marri	if Yes, Giva			1 ☐ Yas 2 🔀	No.	Spacify:			Spec	cifv:			
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က်	72 net	Completed	15. Decedant (Spacify only highas	's Education t grada complatad)		16a. Dece (Giva	dent's Usuai C kirid of work of DO NOT use r	occupat dona du	tion <i>uring</i> most	of worki	ing	16b. Kind of	Businass/Ir	idustry		
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	filed with Hygiene. ther than int, the M	Co		2		Retir	ed Gia						vate			
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Na Na	Maryland 21215-0020 d 2 should be filed within 72 hours after death w th and Mental Hygiene. 7 is marked other then "netural", or frams 23e traumatic event, the Modical Evant recover	To	James E. Cart	er, Jr.		Dorothy Johnson										
a.	2 sho and lis me		19a. Informant's Name/Relationsh	ip (Type, Print)		19b. Maili	ng Addrass (S	treat a	nd Numbe	r or Rure	al Route Number	r, City or Tou	m, Steta, Zij	Coda)		
	E E N F		Sonia Carter -	Wife		6831	Standi	sh	Driv	e. H	yattsvi	lle, M	ID 20	784		
e.	ges 1 and it of Healt if Item 2 or other		20e. Mathod of Disposition		20b. PI	aca of Dispo	sition /Nama	of		Í		20c. Location		own, Stete		
altimore,	Peges nent of I nt: If Ite		1 ☑ Buriai 2 ☐ Cramation 4 ☐ Donation 5 ☐ Othar (Sp		Mar	vland	Natior		,	į,	/					
三	F # 3		21. Signature of Funeral Sarvica L		Mem	orial	Park 2. Nama and A	del	of Facilia		22/96	Laure	I, Ma	ryland		
Ba	Depentit. Importa		1111	04	1-						ME, Inc					
			John 1,	Slewar	1 111		4001 Be	nni	ng R	oad.	N. E	Washin	gton,	D.C.		
		П	23 art1. Enter the disease, or chock, or heart failure. List of	complications thet cau	isad the daath th lina.	. Do not ant	ar tha moda o	f dying,	, such es	cardiac o	or raspiratory arr	ast,		Approximata Intarvai Between		
	Physician	Н												Onset and Deeth		
e.	/Medical		Immediate Causa (Final disaase or condition	Yes	HONH	-1<								2 1000 40		
	Examiner		resulting in death)	a. 1 C/C		as a consec	mence of).	_						2 weeks		
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	certificate be executed ding physician and ise as the buriel-transit	를	Conversio No. 1int. and distant	b			1	10	rea	1010				- Walk		
,	n en iel-tr	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying										i			
92	sicia bur		Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Causa (Disease or Injury that initiated events causa is death.) Leat Due to (or as a consequence of):													
68760,	phy s the	edicai	rasulting in daath) Last		Due to (or	as a conseq	uanca of):						1			
×	centif ding	M		d									i i			
Box	ath the or u	jan											1			
0	res that the designed by the e	Physician	Part II. Other eignificant condition			tting in tha u	ndarlying caus	e giver	n in Part i.		23b. Did to	obacco use o	ontribute t	o the cause of death?		
٥.	that the led by th detechs	F.	Diabetes	Mellita	2						1 🗆 Y	00 2 DNO	3 □ Pro	bably 4 Unknown		
Ś	es the	by	Diabetes Chrome 120	0												
of Vital Records,	v requires been sign should be	Completed	Chrome 12	mag tris	lune						24a. Wes a perform		24b. W	ara autopsy findings vailable prior to		
S		ple		jan	(W	•							- 80	empletion of cause death?		
Œ	0 - 0	E									1 □ Ya	s 2 19 No		Yas 24No		
<u>a</u>	ician: Th certificate rector, pag		25. Was case rafarred to madical										1	Yas 2 No		
5	Physician: this certific ral director,) Be	axaminar?	Hospital:	/			Othar			(Chack only on					
of	Phys this ral d	. To	27. Manner of Death	28e. Data of I		R/Outpetien 28b. Tima of			4 LI NUI		ne 5 Rasida			y)		
E	gu Hei	lo n	1 Naturei 5 ☐ Panding	(Month,	Day Year)	Injury		Injury a Work?			28d. Dascribe ho	ow injury occ	nued			
Sic	Attending or death. ector: Atler by the fune	cat	2 Accident investigation inves	ot he	+	-	М		es 2 n							
Division	ther direct	Certification:	4 Homicida datamir	ned 28a. Placa of	Injury - At hor etc. (Spacify)	na, farm, str	eet, fectory, of	fica		2	28f. Location (St City or Town	reet and Nur n, Stata)	n <i>ber</i> or Run	al Route Number,		
	rai Del					_										
	To the Hospital or Attendi within 24 hours effer death. To the Funeral Director: A completely filled in by the fi	edical	29a. Certifier 1 Certifying	Phyaician: To the be	est of my know	ledge, daath	occurred at th	na tima	, data and	piece, a	and dua to the ce	ausa(s) end r	mannar as s	tated.		
	the h) tha causa(s)			
	To the within 2 To the comple	Σ	29b. Signature englittie of certifie	//	()		-		number		21	9d. Date sign	uglis (Monty),	Day, Year)		
	1		1 Sh	, n/al	W 14	\triangle	10-	-18	089	7		7/	18/96			
	171	1	30. Nama and address of parson w	ho completed cause of	of death (Item	23a) (Type	Print)					-/	1.			
					n.>.	7525	Greens	way	CTL.	DRI	ve , 61	rembel	of mo	20770		
	Sta	te	31. Data filed (Month, Day, Yeer)	1				_/			, ,	.,,		/.		
	રાઢ Registr		JUL 2 3 19	36 Jahra	trar's Signet	Madelle										
			005 40 10	11												

TABLES E. CARTER III STUDY IS 1971 IIISAN

A 19 12

			State of Maryland / Department of F Certificate of		ygiene 96 23964 Reg. No.
	Physici /Medi		1. Decedent's Neme (First, Middle, Last) RICHARD H. DAVIS	2. Dete of D	Day Year 3. Time of Death 78 1996 1930
	Examir Funeral Director		BALTIMORE VA HOSPITAL 5. Social Sacurity Number 6. Sax 7. Age (In yrs. last birthdey) H Undar 1 Year 218-38-6614 134 20 F 52 Yrs. Months Deys		ath 4c. County of Death BALTIMORE
Ī	anyland ahow)r	Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location MD Montgomery Baltimore		10d. Inside City Limits 1 ĀYes 2 □ No
	3a or 28a-f	I Director	10e. Street and Numbar 10f. Zip Coda	1218	10g. Citizen of What Country?
020	72 hours after death with the Maryland natural, or items 23s or 28s-f show first Exprine must be notified at	by Funeral	11. Maritai Status 12. Was Decedent Ever in U,S. Armed Forces? 1 Never Merried 2 Merried 1 Yas 2 No	Hispenic Origin? (Specify Yas or Nen, Mexican, Puarto Rican, etc.)	No- 14. Rece - American Indian, Black, White, etc. Specify: Black
21215-0020	within sne. than	Completed	15. Decedent's Education (Specify only highest grada completed) Elementery/Secondery (0-12) 12th 16a. Decedent's Usuel Occup (Give kind of work done life. DO NOT use retires Sexton	petion during most of working d)	16b. Kind of Businass/Industry Church of Nativity
Maryland 2	should be filed and Mentel Hygic marked other umatic event, if	To Be C	17. Fether'e Neme (First, Middle, Last) Franklin C. Davis	18. Mother's Neme (First, Middl Annie P. J	ackson
-	Health end		Rhonda D. Mackabee (Daughter) 11409 Lo 20a. Method of Disposition 20b. Placa of Disposition (Nama of	ovejoy St., S.	ilver Spring, MD 20c. Location - City or Town, Stete
Baltimore	mmit. Page spartment o sportant: If in y injury or ids.		4 Donation 5 Other (Specify) Lincoln Park C	- 1- 1	
	86258		23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dyle shock, or heart fature. List only one ceuse on each line.	LE, MD 20850	arrast, Approximate Interval Between
	Physician /Medical Examiner		immediate Cause (Finel disease or condition resulting in deeth) a. CARDIAE ARRES Due to (or es a consequence ot):	7	MINUTES
Box 68760,	deeth certificate be executed e attending physician and ad for use es the burial-transit	an/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarfying Ceuse (Disease or Injury that initiated events rasulting in death) Last b. RESPIRATORY Due to (or as a consequence of): TENSION PNEU Dua to (or es a consequence of):	ARREST MOTHORAX ERBATION	MINUTES UNKNOWN UNKNOWN
P.O. B	0 0 0	Physician/M	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause gives ASTAMA		d tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown
of Vital Records,	sw requiras is been signi	Completed by		24e. We	24b. Wara autopsy findings evallable prior to completion of causa of death?
Vital R	sician: The certificate h irector, page	o Be Com	25. Was case referred to medical examiner? 194 Yes 2 No Hospitel: 1 Inputient 2 NER/Outnatient 3 DOA Ott	26. Plece of Death (Check only	
Division of	or Attending ifter death. Pirector: After in by the lune	Certification: To	27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 1 Description 28e. Dete of Injury (Month, Dey Year) Injury 28e. Injury Wor	y at 28d. Describe	e how injury occurred (Street end Number or Rural Route Number, own, State)
	To the Hospital within 24 hours a To the Funeral C completely filled	edical	29a. Certifier (Check only one) Medical Examiner: On the basis of examination end/or investigation, in my one) Medical Examiner: On the basis of examination end/or investigation, in my one modern end/or investigation.	me, dete and pieca, and due to the opinion, death occurred at the time	e ceusa(s) and manner as stated. e, data end pieca, and due to the cause(s)
	Tot com	M	29b. Signature and title of certified Hoose, M.D. 29c. Licens 20 Nome of cottless of surgest to supplied a use of death (from 50s) (Type Dish)	4 7803	29d. Data signed (Month, Day, Year) July 29, 1996
	10	to	30. Neme 114 eddress of person who completed cause of deeth (Item 23e) (Type, Print) JDE MOORE M. D. 10 N. GYEE 31. Dete filed (Month, Dey, Year) 32g Registrat's Signeture	ne St. Bal	40, NH 21201
	Sta Registr	-	31. Dete filed (Month, Dey, Year) AUG 0 1 1996 329 Registrars Signeture Audson-Rondess		

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Dete of Death 3. Time of Country Month William E. Doniger July 29, 1996 5:00 PM 4e. Facility Nema (If not Institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death 7401 Westlake Terrace #1513 Bethesda Montgomery If Undar 1 Yaar | If Undar 24 Hrs. | 8. Data of Birth (Month, Day, Year) 9. Birthpiaca (State or Foreign Country) New York 7. Age (In yrs. lest birthday) 1 X M 2 □ F Yrs. Jan. 8, 1919 Usual Residence of Decedent 10h County 10c. City. Town or Location 10d. Inside City Limits 1 Yas 2 No Montgomery Bethesda 10f. Zip Code 10g. Citizen of Whet Country? United States 7401 Westlake Terrace #1513 20817 12. Was Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yas 2 ☐ No Il Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: Specify: 3 ₩ Widowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working liffa. DO NOT use retired) 15. Decedant's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Collaga (1-4or 5+) 4 Engineer I.B.M. 17. Fether's Neme (First, Middle, Last) 18. Mothar's Neme (First, Middle, Meiden Surneme) Joseph C. Doniger Sophia Meisel 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Martha R. Bliss/ Niece RD 6 Box 6013 Spring Grove, Pennsylvania 17362 20b. Plece of Disposition (Neme of cematary, crematory or other plece) July 31, 1996 20c. Location - City or Town, State 1 ☐ Buriai 2 ☑ Cramation 3 ☐ Removel from Stata 4 ☐ Donation 5 ☐ Other (Specify) Montgomery Crematorium Inc. Bethesda, Maryland 21. Signature of Funeral Service Licenses Robert A. Pumphrey Funeral Home/ Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase 17557 Wisconsin Avenue Bethesda, Maryland 20814-3501 M00335 | Beffiesda, Maryland 20814-550 23a. Pert1. Enter the disaasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. M00335 Approximata Interval Between Onset and Deeth · MYOCARDIAL INFARCTION Due to (or es a consequence of): Due to (or es e consequança of): Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Winknown 24b. Were autopsy findings available prior to 24a. Wes an eutopsy performad? completion of cause of death? 2000 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 28. Place of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatlent 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation

Physician /Medical Examiner

permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Itam 27 is merked other any linjury or other traumetic avant, access

Physician

/Medical

Examiner

Funeral

Director

28a-f ahow

d 2 should be filed within 72 hours after death with the Maryla th and Mental Hygiene.
7 | In marked other than "natural", or Hams 23a or 28a-f show traumsite avant, the Moules Evantine must be notified.

21215-0020

Baltimore, Maryland

the Maryland

5. Social Security Number

063-01-5350

10e Stets

Maryland

10a. Street end Number

20a. Method of Disposition

Immediate Cause (Finel

Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that initieted events resulting in deeth) Last

Yes 2 No

6 Could not be determined

27. Menner of Deeth

1 Neture

2 Accident

4 Homicide

29b. Signeture end title

3 ☐ Sulcide

29e. Certifier

diseasa or condition resulting in deeth)

Directo

Funerai

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Completed

Be 10

illed in by

Physician/Medical Š Completed Be 10 Certification:

The lew requires that the death certificate be executed been signed by should be detac certificate or Attanding Physician: after death. Director: After this certifice

Division of Vital Records, P.O. Box 68760,

To the Hospital within 24 hours a To the Funeral D completely filled in Medicai

Registrar

Francis C. Mayle, Jr., M.D. 31. Dete filed (Month, Dey, Yeer) AUG 0 1 199 State 1996

30. Name and address of person who completed cause of degit (flam 23a) (Typa, Print)

28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

10215 Fernwood Road, Bethesda, Maryland 32. Registrer's Signetura Luta Savidson Rondoll

1 ☐ Yes 2 ☐ No

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and menner es steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated.

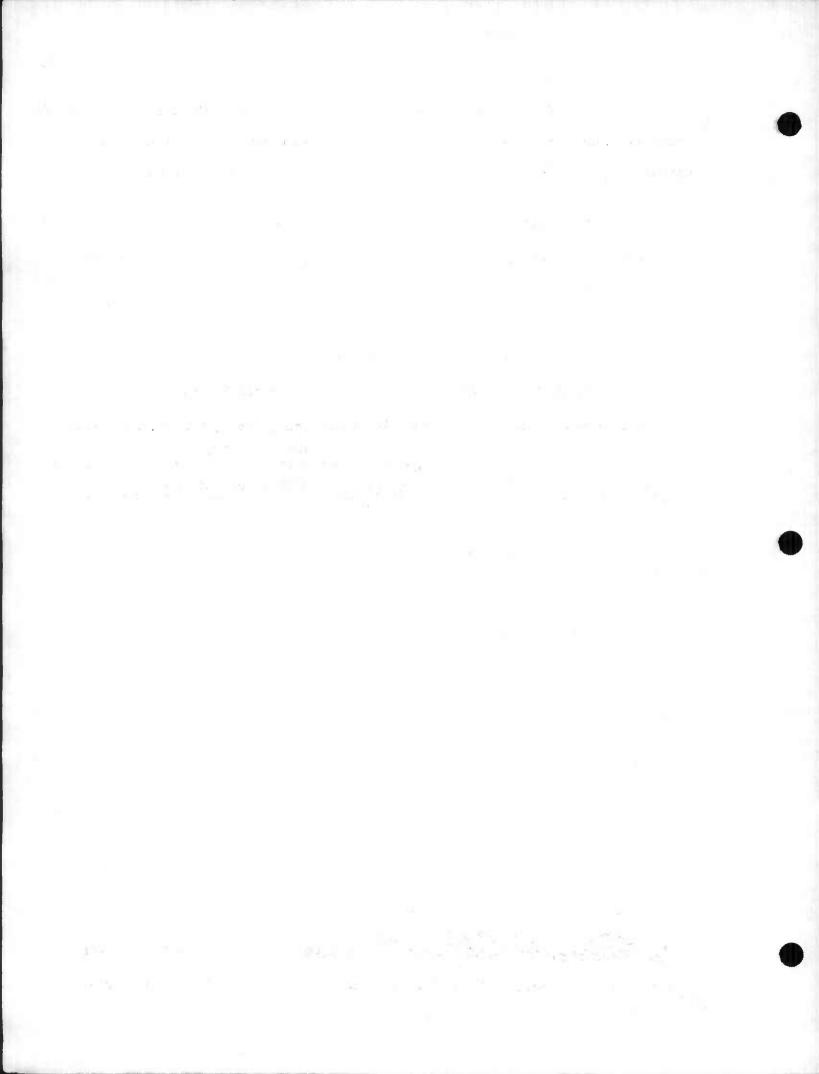
29c. Licensa number

D07099

28f. Location (Street end Number or Rural Routa Number, City or Town, Stete)

29d. Dete signed (Month, Dey, Year)

July 31, 1996



ITEMS: 23 PART I. 27. PER MEO FILM G-738 8/15/96 t.t

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

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Physician	ı
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/Medical	ŀ
Eveniner	ш

11:00 AM

1 ☐ Yes 2 M No

Funeral Director

Director

Funeral

by

Completed

Maryland 28a-f show traumatic evant, the Medical Examiner must be notified at tha ò Items 23a filed within 72 hours efter "natural", or

Baltimore, Maryland 21215-0020 nd Mantal Hygiene. permit. Peges 1 and 2 should be file Department of Health and Mantal Hy Important: If them 27 Is marked other any Injury or other traumatic event SIGE.

Physician /Medical Examiner

P.O. Box 68760,

Records,

of Vital

Division

Examiner attending physician end for use as the bunal-transit Physician/Medical ed by the a detached f signed by 1 þ cate has been sig, pege 2 should b Completed Be 2 this the funeral Certification: After

certificate be asscuted The law requires that the death or Attending Physician: s after death. in by t Hospital 24 hours completaly within 2 94

edicai

State

Registrar

1. Decedent's Name (First, Middle, Last) 2. Date of Deeth JULY 26 Day 1996 **GEORGIA** BEA DAVIS 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death GENERAL ATLANTIC HOSPITAL BERLIN If Under 24 Hrs. 8. if Undar 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) 8. Data of Birth (Month, Dey, Year) Birthplaca (Steta or Foreign Country) Months Days Hours Min. 1□ M 204 F Yrs 218-56-9002 46 Jan. 5, 1950 Virginia Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits Maryland Montgomery Germantown 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 20874 11512 Dragonfire Way United States 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American indian, Black, Whita, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 1 ☐ Never Married 2XX Married 1 ☐ Yes 2 ☑ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) Coilege (1-4or 5+) 12 Federal Government Secretary 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Meiden Sumema) Raymond Killian, Jr. Millicent Neznesky 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Timithy Harold Davis 11512 Dragonfire Way, Germantown, MD 20874 20a. Method of Disposition 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) Date 20c. Location - City or Town, Stata 1 Buria 2 Cremation 3 Regroval from State 4 ☐ Dogration / 5 ☐ Other (Specify) Metropolitan Crematory 7/27/96 Alexandria, Virginia 21. Signature of Funeral Service Licent 22. Neme and Addrass of Facility DeVol Funeral Home 10 East Deer Park Drive Gaithersburg, MD 20877 ell Enter s that caused the death. Do not enter the mode of dying, such as cardlac or respiratory arrest, se on each line. Approximata Interval Between Onset and Death Immediate Cause (Final CARDIAC ARRHYTHMIA disease or condition resulting in death) Due to (or as a consequenca of): Sequentially list conditions, if any, leeding to immediate causa. Enter Underlying Couse (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of) Due to (or as e consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably ★ ☐ Unknown 24b. Were autopsy findings available prior to 24a. Waa an eutopsy performed? completion of causa of death? 1/2 Yea 2 No

NE Yes 2□ No 25. Was case referred to medical 26. Piace of Death (Check only one) Hospital: 1 Inpetient exeminer? 1X Yes 2 □ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2X ER/Outpatient 3 DOA 27. Mannar of Death 28e. Date of Injury (Month, Day Year) 28b. Tima of 28c. injury at Work? 28d. Describe how injury occurred X Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be detarmined 3 Suicide 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, dete and place, and due to the ceuse(s) and manner as steted.

Medical Examiner: On the best of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifiar

29b. Signature and title of cartifier

29c. License number

O.C.M.E.

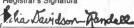
29d. Date signed (Month, Dey, Year) JULY 27, 1996

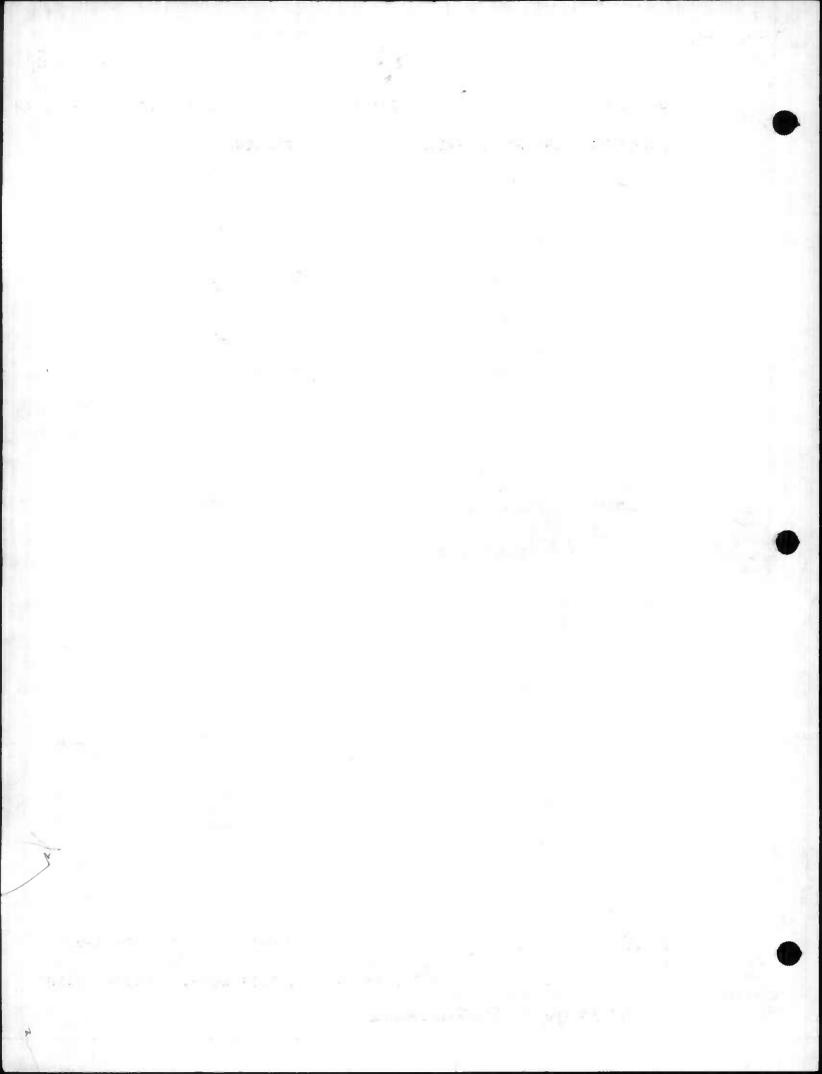
30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) -Chute

31. Date filed (Month, Dey, Year)

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signatura

JUL 2 9 1996





State of Maryland / Department of Health and Mental Hygiene 96 23967

December Section Four Section Section							Cei	rtificat	e of	Death			Reg.	No.						
Reyna Yolanda Diaz Accept to the control of the		2	٠	1. Decedent's Neme (First, Middle	e, Last)							2. Dete of De	eth		Vara	3. Tim	e ot Death			
For Feeling News are rendered recharables; 14.10 University Blvd., East, #102 15. Sound Service with Service and					Reyna	Yoland	da		D:	iaz				, 1996	Year	5:3	30 PM			
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Discovery Numbers 1.5 local Security Number		LAGIIII	1161	1410 Universit	v Blvd. Eas	st. #102	2			Langl	ev P	ark		Princ	ce Ge	orae	e's			
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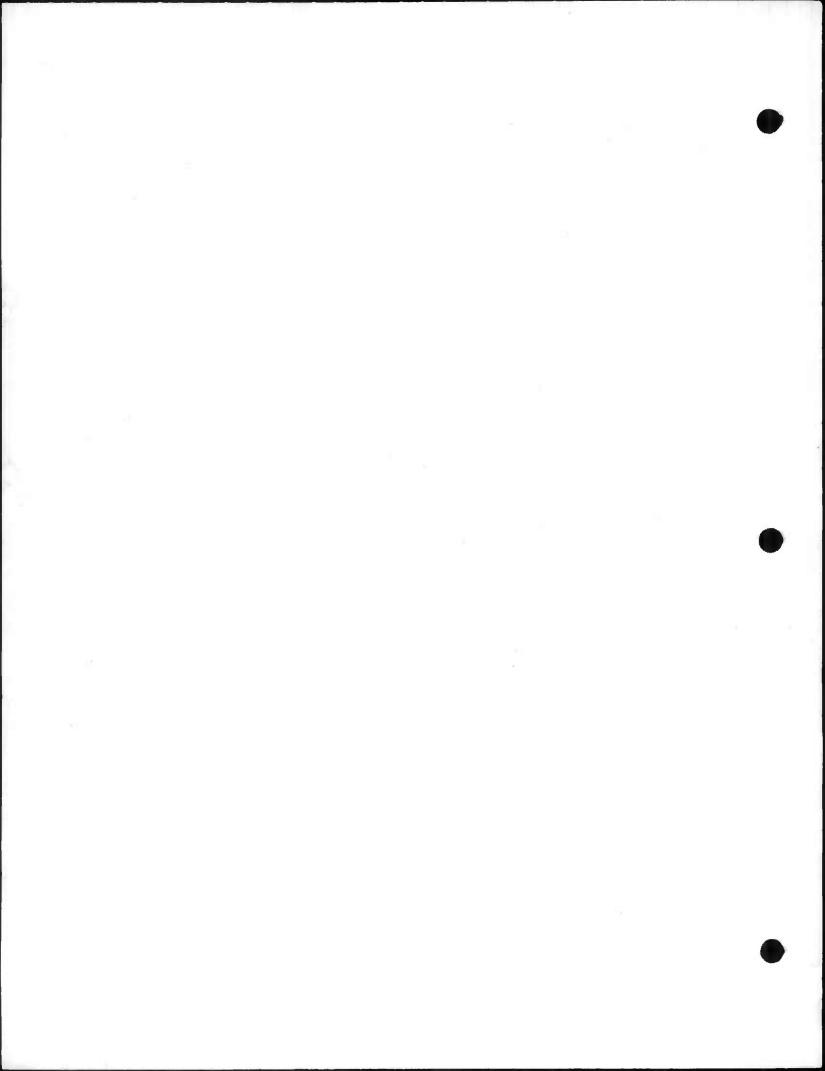
DHMH 16 Rev 6/95

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O THE HOSPITAL OR ATTENDING PHY	O THE FUNERAL DIRECTOR: After this e filed within 72 hours after death with	MPORTANT: If Item 28 is marked

permit. Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT	OF H	EALTH AND		YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	OLITHIOATE OF BEATH				2. DATE OF DEATH 3. TIME OF DEATH					
	KAYMON	10 6	3.	\mathcal{D}_{i}	14.11	11	MONTH	DAY 1	996	5:03 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF B	IRTH	8. BIRTI	HPLACE (State or Foreign	
	201 01 7233		4 YRS.	MONTHS	DAYS	HOURS MIN.	Jan. 6	1942	Mass	achusetts	
	9e. FACILITY NAME (If not institution, give stre	et end number)		9b. CITY,	TOWN O	R LOCATION OF D			DUNTY OF E	DEATH	
DIRECTOR	Washington Adventi	Lst Hospital		Tako	oma	Park		Mon	tgome	ery	
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY			
DIA	MD Montgo	gomery Wheaton				LIMITS?			LIMITS?		
	10e. STREET AND NUMBER				Of, ZIP CODE 10g. CITIZE			ITIZEN OF	WHAT COUNTRY?		
ER	2504 Newton Street	ton Street			20902				USA		
FUNERAL		THE STATE OF THE S			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Vi				es or No— 14. RACE — American Indien, Black, White, etc.		
ВУ	IF YES, GIVE WAR OR DATES			If yes, specify Cuban, Mexican, Puerto Rican, e			etc.)	Specify: White			
	15. DECEDENT'S EDUCA	Unknown	16. DECEDENTIO	1							
1	(Specify only highest grade or	ompleted)	16a. DECEDENT'S (Give kind of a life. Do NOT us	work done du	uring mos	N t of working	16b, KINI	OF BUSINESS/I	NDUSTRY		
P	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Manager	,			Rest	aurant			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S NAME (First, M									
BE C	Raymond Vincent Du	10.25017710				s Marchant					
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street en	d Number or Rural	Route Number, Ci	ty or Town, State, i	Zip Code)		
۴	Shizuyo Dunn		2504	Newto	on S	treet,	Wheaton	, MD 2	0902		
	20g, METHOD OF DISPOSITION 1 \(\overline{A} \) Buriel 2 \(\overline{A} \) Cremetion 3 \(\overline{A} \) Remov	al from State 20b.F	PLACE AND DATE	OF DISPOSIT	TION (Nan	ne of	OATE	20c. LOCATION	— City or To	own, State	
	4 Donation 5 Other (Specify)	IGat	te of He	aven	Cem	etery	7/31/96	Silver	Spri	ing, MD	
	1111	///	1	Fur	ame and nera	1 Home,	Inc. 5	00 Univ	ersit	ins y Blvd.West	
	Seatt X.	South	-	Sil	lver	Spring	, MD 2	0901			
	23. PAPT I. Enter the diseases, of co- ahock, or heart falluse. Li	implications that caused at only one cause on each	the deeth. Do r ch line.	ot enter ti	he mod	le of dying, suc	h aa cardlac (or reapiratory a	arreat,	Approximata Interval Between	
	IMMEDIATE CAUSE (Finel								Onset and Death		
	disease or condition - a. Confestive Heart Failure year									year	
	disease or condition resulting in death) a. Confective Heart Failure Due to (or as a consequence of): Sequentially list conditions, oue to (or as a consequence of): oue to (or as a consequence of):										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CAI	cause. Enter UNDERLYING CAUSE (Disease or Injury	old Myor	1526	Tu	Ra	retions				į	
E	thet initiated events	DUE TO (OR AS A C	ONSEQUENCE OF	F):		0					
ER	resulting in death) LAST	chronic Ve	with cul	ar.	2~1	John wi	47,				
AL C	PART II. Other eignificent conditions	contributing to death but	t not resulting	n the und	erlying	ceuse given in	Part I. 24a.	WAS AN AUTOPS	Y 24b	. WERE AUTOPSY FINDINGS	
S	Chronic obstructive Land de Segre PERFORMED? MAILABLE FORM TO COMME FORM OF CAME										
AE I	I ☐ TES 2 [LI-MO OF DEATH?										
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN D										
CIA	25. WAS CASE REFERRED TO MEDICAL	26	. PLACE OF DEAT	H (Check on	nly one)						
YSI		HOSPITAL:	ient 3 🗆 DOA	OTHER:		5 🗆 Residence	6 Other (Spe	city)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIM INJ	E OF 2	8c. INJU	RY AT	26d. DESCRIB	E HOW INJURY O	CCURED		
BY	1 Natural 5 Pending 2 Accident Investigation			M		S 2 NO					
3 Suicide 6 Could not be determined 4 Homicide 4 Homicide determined								er or Rural F	Rural Route Number,		
Щ	29e. CERTIFIER										
COMPLET	(Check only 1 Let CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner se stated.										
8	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end menner ee stated.										
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	- MD.				29c. LICENSE NUM		29d. DA	TE SIGNEO	(Month, Day, Year)	
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ALBERTO ROTSZTATA 15451 Old Brog Retorn Rd Bestende M									0,1776		
									de 1	49 20814	
	31. DATE FILE Months Day 1697996	32 REGISTRAN'S SIGNAT	-Randese								
		1.7									



4

10

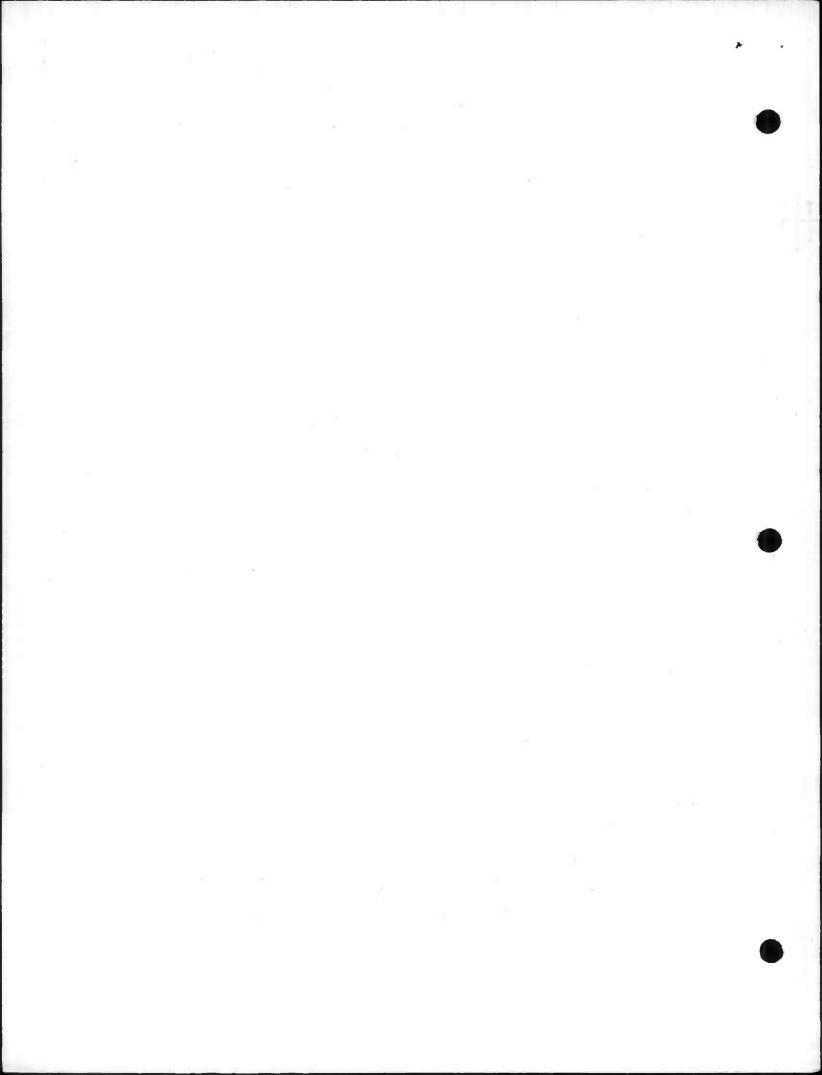
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

#MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Amended #1, FOR 1 - STATE REGISTRAR

8/2/96, JW, Montgomery Co.
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

											EG. NO.			
	1. DECEDENT'S NAME (First	A Middle, Last)	EULALIA	MARG	ARITA	DE	CUI	EVA		2. DATE OF I	DEATH ON	1 19	196	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE OF E			8. BIRTHE	PLACE (State or Foreign
	None		1 🗆 M 2 🛣 F	82	YRS.	MONTHS	DAYS	HOURS		Oct. 2		913	Ecu	ador
Œ	9a. FACILITY NAME (If not in SHADY GRO	VE AD	treet end number) VENTIST	HOSP	ITAL			ILL]	ON OF DE	ATH			TITIC OF	
유	RESIDENCE OF DEC	EDENT										MOL	ATGO!	MERY
l m	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION					T	10d. INSIDE CITY
DIRECTOR	N/A		N/A		San	Vic				, Ecua	dor			LIMITS?
FUNERAL	100. STREET AND NUMBER NONE						101	NON1						HAT COUNTRY?
뿔	11. MARITAL STATUS		12. WAS DECEDEN	T EVED IN II C	10450	1							cuado	
	1 Never Married 2	Merried	FORCES? 1	YES 2	NO	1 3	It yes, sp	ecity Cube	n, Maxicer	IC ORIGIN? (S _I	pecify Yes i, etc.)	or No-	14. RACE Black,	- American Indian, White, etc.
ВУ	3 🔀 Widowed 4 🗌 Divo	orced	IF YES, GIVE W	AR OR DATES			1Æ YES	2 NO	Specify	Ecuado	oria	n	Specify	White
ш	15. DEC (Specify onl)	EDENT'S EDU	CATION completed)	160.	DECEDENT'S				200	16b. KIN	D OF BUS	INESS/INC	USTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT u	se retired.)		St Di WORM	79		Ц	250		
OMI	17. FATHER'S NAME (First, M	liddle, Last)			поше	emake	31	18. MOT	HER'S NAI	WE (First, Middle		ome Sumame)		
BE C	Fi]	libert)	Vera						Let	icia		Marc	illo
5	190. INFORMANT'S NAME (1	Type/Print)								loute Number, C				50
	Ladys Lux	ION			EANDDATE				Rocky	ville,	-		1 208 City or Tow	
	1 № Buriel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other		oval trom Stata	San	Isidro	ther place) Cer	nete	ry		1			•	Ecuador
_	21. SIGNATURE OF FUNERA	SERVICE LA	TEMSTE	7					SS OF FAC	144 x2004			al Ho	
	Much	roul	(1).(9	rlile	au	10	E.F)eer	Park					ome MD. 20877
	23. PART I. Enter the d	Iseasea, or o	complications that	t ceused tha	daeth. Do i	not enter	the mo	de of dy	ing, such	an cardiac	or reapi	ratory an	reet,	Approximate
	IMMEDIATE CAUSE (Fir		List only one ceu				D	_						Interval Between Onset end Death
	disease or condition resulting in death)	→	AS	PIRT	MON	3	N	au	W O	NIA	1			74°
	readiting in death)		AS PUE TO MHSS	(OR AS A CONS	SEQUENCE O	F):			_	400	V			21
NO	Sequentielly list conditi			OR AS A CONS			>14	W		IKU	4			3 days
CAT	If any, leading to immecause. Enter UNDERLY	ING	c			. ,.								1
RTIFICATION	CAUSE (Disease or injuthat initiated events resulting in deeth) LAS		DUE 10	(OR AS A CONS	SEOUENCE O	F):								
CER	resulting in deetin) EAS		d											
DICAL	PART II. Other algolfice	ent condition	e contributing to	deeth but no	t resulting	In the u	nderiying	g cauee (givan in i	Part I. 24e	. WAS AN	AUTOPSY MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음										10	YES 2	No		COMPLETION OF CAUSE OF DEATH?
M							_			_	/			1 TYES 2 NO
AN	25. WAS CASE REFERRED TO	O MEDICAL					90.51	105.05.0	PATE O	-11				
HYSICIAN	EXAMINER?	O MEDIONE	HOSPITAL:	ER/Outpatient	2 🗆 004	OTHE	R:			ck only one)				
Η	27. MANNER OF OEATH		28e, OATE OF	INJURY	28b. TIM	E OF	28c. INJ		sidence	6 Other (Sp. 28d. OESCRIE		JURY OC	CURED	
ВУ Р		Pending Investigation	(Month, D	ay, Year)	IN.	JURY M		RK7	NO				501125	
	3 Suicide 6	Could not be	28a. PLACE O building,	F INJURY At etc. (Specify)	home, term,	straet, fac	tory, offic	•		281. LOCATIO City or To	N (Street e	nd Number	or Rural Ac	oute Number,
ETE		determined				_				Ony or 10	wit, Grate)			
COMPLET			CIAN: To the best of											
흥	-			kaminatien end/	or investigation	on, in my o	opinion, d	esth occur	red at the	tima, data and	place, en	d due to th	e ceuse(e)	end manner ea stated.
BE	296, SIGNATURE AND THE	OF CERTIFIE	10 Sum	D/P+	44Ci	CiA	W	29c. LICI	ENSE HUM	BER 7	3	29d. DAT	SIGNED (Month, Dey, Year) ST 1996
임	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAUS	SE OF DEATH (IT	TEM 27) (Type	Print)	1140	00 Ro	ckvi	lle Pi	ke,	# 10	INC. N.	1110
	C MAK	145	11.0R	MARON	1 1V 4					arylan		0852		
	31. OATE BILED MONTH, Day, AUG 02	1996	HEGISTEL Da	R'S SIGNATURE	indelle									
\square			U				-							



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Dey Year **Physician** 15,1996 Dorothy Bernice Saunders Dadds July 16:10 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Centreville Queen Anne's Meridian Nursing Center, Corsica Hills 7. Age (In yrs. last birthday) If Under 1 Year if Under 24 Hrs.

Months Days Hours Min. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number Birthpiace (Stete or Foreign Country) **Funeral** 1 M 2 Jy 226-82-3573 Director 43 Apr. 25, 1953 Maryland Usuai Residence of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show items 23a or 28a-f shortined at Caroline Ridgley Md. 1 ☐ Yes 2X No Director 10e. Street and Number 10f. ZIp Code 10g. Citizen of What Country? U.S.A. 21660 14557 Fox Chase Circle Funeral 11. Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Biack, White, etc. the Medical Examiner permit. Peges 1 and 2 should be filed within 72 hours efter of Department of Health and Mertal Hygiene. Important: If Item 27 is marked other than "natural", or item any Injury or other traumatic event, the Medical Experiments any Injury or other traumatic event, the Medical Experiment. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: þ White 3 ☐ Widowed 4 ☑ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) Coilege (1-4or 5+) 12 Homemaker 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Charles Saunders Beverly Preston 2 19a. informant'a Name/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Charles Saunders Father 172 Pine Grove Rd., Laurel, Del. 19956 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Chesapeake Cremation Center Chester, Md. 21. Signifum of Funerai Servica Lipensee 22. Name and Address of Fecility 22. Name and Address of Fecility Fellows, Helfenbein & Newnam Funeral Home, P.A. any le 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heert failure. List only one-cause on each line. Chester, Md. 21619 Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examine Examir physician and s the buriel-transit The lew requires that the deeth certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as e consequence of): for use es Part Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. the 23b. Did tobacco use contribute to the cause of death? been signed by t should be detect 1 □ Yes 250-Ho 3 Probably 4 Unknown p 24b. Were autopsy findings evalleble prior to completion of cause of death? Completed 24a. Was an autopsy performed? hes he 2 page certificate 1 Yes 2 300 1 ☐ Yes 2 ☐ No Hospital or Attending Physician:
 A hours effer death.
 Funeral Director: After this certifical etely filled in by the funeral director. Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospitai: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 26d. Describe how injury occurred 12 Naturai 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of injury - At home, farm, street, factory, office bullding, etc. (Specify) 4 - Homicide To the Hospital or A within 24 hours efter To the Funeral Direcompletely filled in b 1 Propertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a, Certifier 29b. Signature and the of o 29c. License number 29d. Dete signed (Month, Day, Year)

July 16,1996

State Registrar 30. Name and address of per

31. Dete filed (Month, Dey, Year)

JUL 1 7 1996

32. Registrar's Signature

Julia Tavidson-Randale

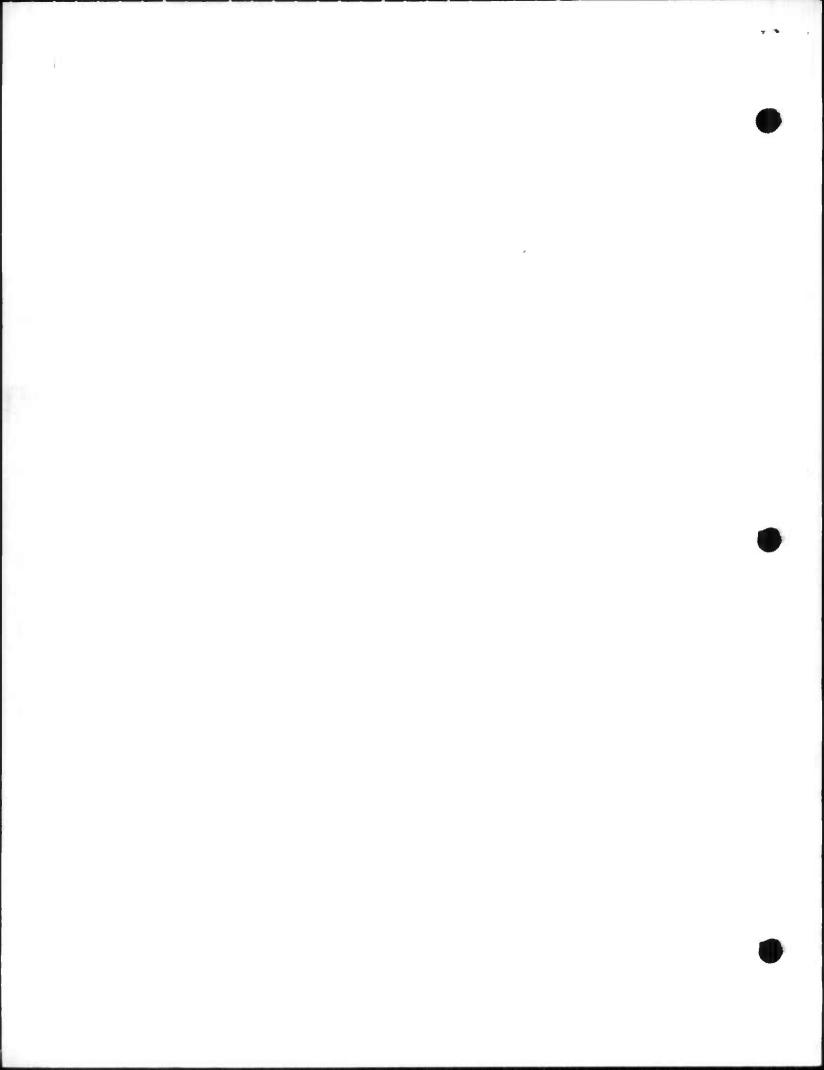
empieted cause of deeth (item 23a) (Type, Print)

Gary Sprouse, MD.; 2108 Red Apple Plaza, Chester, Md. 21619

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760

	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR ERTIF					MENTA	REG. NO.	-		
	1. DECEDENT'S NAME (First, Middle, Last)				IOAII		DEA		2. DAT	E OF DEATH			3. TIME OF DEATH
	LOUISE	HELEN		DE	TTLI	NG			0.7	TH D/		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	et birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE	E OF BIRTH		96 I. BIRTNI	9:25 AM PLACE (State or Foreign
	187-38-8252	1 🗆 M 2 🔀 F	92	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	903	PEN	, NSYLVANIA
	9e. FACILITY NAME (If not institution, give :	street end number)			96. CITY	, TOWN O	R LOCATIO	ON OF DE			9c. COUNT		
OR	WILLIAM HILL-	MARVEL	HALL			EAS	TON				T.	ALB	OT
ECI	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN (OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	MARYLAND TAI	BOT		1		STO							LIMITS?
	10e. STREET AND NUMBER						ZIP CODE	E			10g. CITIZI		HAT COUNTRY?
ER/	501 DUTCHMAN'S	LANE					2160	01				SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13.	WAS DECI	ENDENT O	F NISPAN	IC ORIGI	IN? (Specify Yes	or No- 1	4. RACE	- American Indian,
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE V	YES 2XX	Mo.		If yes, spe 1 YES	2 ZNO	n, Mexica Specify	n, Puerto /:	Rican, etc.)		Specify	White, etc. WHITE
	15. DECEDENT'S EDU	CATION	I a a		1								MUTIE
	(Specify only highest grade	completed)	(0	ECEDENT'S Sive kind of a DO NOT us	work done se retired.)	during mos	in st of workin	g	16	b. KIND OF BUS	SINESS/INDU	STRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 -	•)	OMEM						OWN H	OME		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	PATRICK	THOMAS	S SU	LLIV	AN	18. MOTH	NER'S NA	ME (First,	Middle, Meiden	Sumame)		
ш	JOSEPH/PRANCIS						HES	STE	R M	INNICK			
10 B	19a. INFORMANT'S NAME (Type/Print)		19							nber, City or Tow			
۴	EDWIN J. DETT	LING	I	2.0.	BOX	90	0, 5	ST.	MIC	CHAELS	, MD	21	663
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem	oval from State	20b. PLACE						1		CATION — CI		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENDER	SPRTI	NG 'H		_		_	8-1		TON,		
	21. SIGNATURE OF PONERAC SERVICE EN	DENSEE			FÉI	LLOW	S,	HELI	ENI	BEIN &	NEW	NAM	FUNERAL
	JOHN K.	MERCE	Rod	CFSP	20	00 S	. H	ARR	ISOL	N ST.,	EAS	TON	, MD
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications the List only one ceu	t caused the deservation	eeth. Do r	not enter	the mod	de of dyi	ng, aucl	h as car	rdiac or respi	ratory arres	st,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	A 0	A SAME		0	1	20	21		. 1 01	0.	re .	Onset and Death
	resulting in death)	Acute	THE AS A CONSE	الماليات	Thy	Gar	chi	eh	wit	h lein	N Art	my	a punites
,	_	Gene	000	A d	141		SI	0.	25	is			100
9	Sequentially list conditions, if any, iseding to immediate	DUE TO	OR AS A CONSE	QUENCE OF	P):	J	200	NI	50	120			1000
S	cause. Enter UNDERLYING CAUSE (Disease or Injury												
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE OF	r)c								1
CERTIFICATION	Comming an addition of the	d											
ICAL (PART II. Other aignificent condition	a contributing to	death but not i	reculting	In the un	derlying	ceuse g	lven in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
Š	Obesity									PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	7												OF DEATH?
	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	TH YE	S 🗆 I	NO 🗆	UNC	ERTAIN	Y D	1			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA	CE OF DEAT	OTHER	,							
YSI	1 TYES 2 NO	1 - Inpetient 2 -		_	4 Nun	alng Home		eldence	8 🗆 Oth	er (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF (Month, D.	INJURY sy, Ybar)	28b. TIM INJ	E OF URY	28c, INJL WOF	RK?		28d. DE	SCRIBE HOW II	JURY OCCU	RED	
BY	2 Accident Investigation	28e PLACE O	F INJURY — At ho	ome form	M foot	1 Y	ES 2	NO					
COMPLETED	4 Nomicide 8 Could not be determined	building,	atc. (Specify)	, tatili, i	erreet, tact	ory, ornew			City	CATION (Street e or Town, Stete)	na Number o	Hunal Hic	oute Number,
E	290. CERTIFIER 1 CERTIFYING PAYE	CIAN: To the best of	mu languata da a da										
MP	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the besis of ea											and meaner as stated
	29b. SIGNATURE AND TOTALE OF CENTIFIES						29c. LICE			Tana piace, en			
B	Muchaely	12 my	1				D	42	LOO	5	DATE:	-7C	(Month, Day, Year)
OI	The state of the s	50 11	5.1				Simon of the last	0			1		1.11 11/100
임	36. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type,	Print)								
ř	606 Dutch	D COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)	ая	10	\sim	m.	DZ	-160		
Ĭ	31. DATE FILED (Month, Day, Year)	man	SE OF DEATH (ITE	M 27) (Type,	Print)	as	10	\sim	m.	0 7	-160		



State of Maryland / Department of Health and Mental Hygiene 96 23972

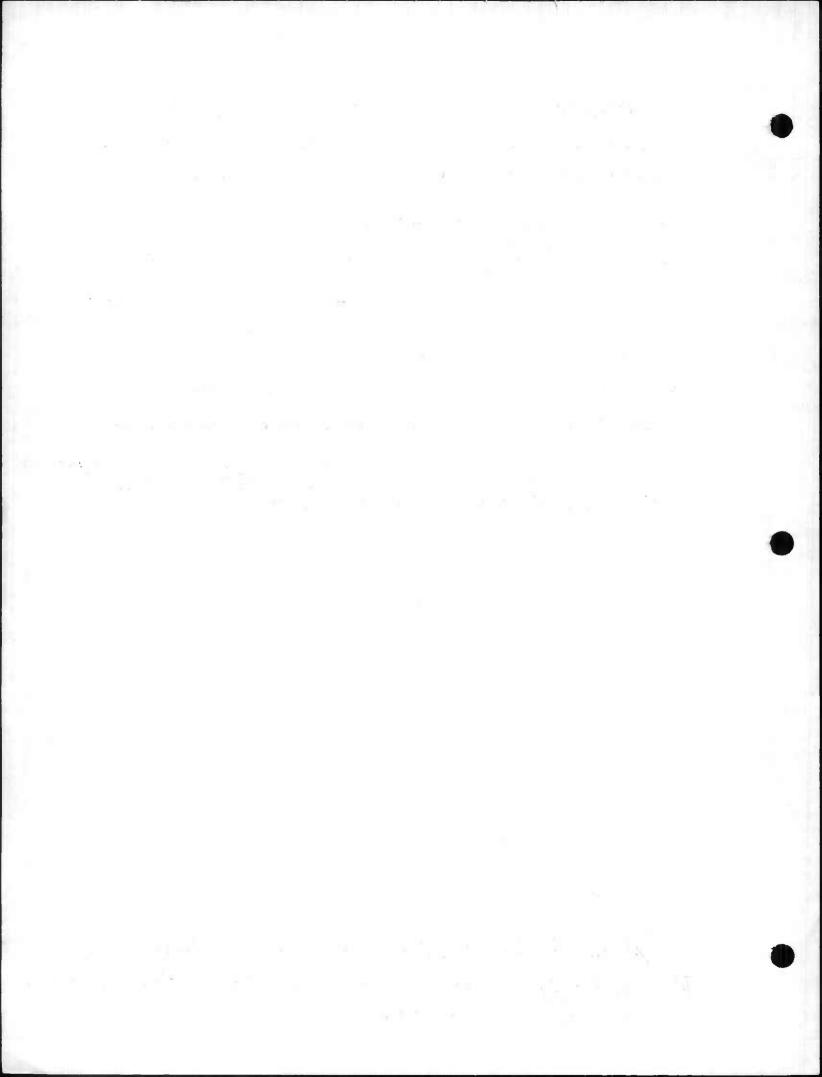
						Cen	tificate of	Death		Reg	. No.		20012
			1. Decedent's Name (First, Middle,	Last)					2. Date of			11000	3. Time of Death
	Physic		Jimmie Lee	Di	ldy				Jul		Dey 19	Year 9.6	12:14 AM
	/Medi Exami		4a. Facility Name (If not Institution,					4b. City, To	wn, or Location of I	7	4c. County		
4	Exami	iei											
-		-	12404 Mylott 5. Social Security Number		Age (In yrs. last bi	rthday)	If Under 1 Yea	SILV If Under	er Spri	d Biob	iontg	Omer	- Y
	Funeral	п	238-64-9438	X□M 2□F	52	Yrs.	Months Days	Hours	24 Hrs. 8. Dete c	Day, Y	'ear)	9. Birth	nplace (State or Foreign intry)
	Director		Usual Residence of Decedeni						Aug.	16	,1943	Wash	hington, D
	pue *		10a, Steta 10b, County		10c. City, Tow	n or Loc	ation						10d. inside City Limits
	sho sho	5	MD Montg	.mo x17	Silve								▼□ Yes 2□ No
	6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Sc		omery	BIIVE	r ol							
	ours efter deeth with the Manylen ref', or items 23a or 28a-f show Examiner must be notified at	Funeral Director	10e. Street and Number 12404 Mylott	Stroot			10f. Zip Code 20904	1		10g	USA.	Vhet Cou	intry?
	eth v	rai	12404 MYTOLL				2090.	*			UDA		
	ep L	aur.	11. Maritai Status	12. Was Deceder Armed Forces		13. W	as Decedent of Yes, specify Cul	Hispenic Orl ban, Mexican	gin? (Specify Yes on, Puerto Rican, eic	r No-		a - Ameri	ican fndian,
0	or h		1 Never Married 2 Marrie	1 ☐ Yes 2 ☐ if Yes, Give	No		☐Yes 2√2 No			,			
21215-0020	72 hours effer deeth with the Maryland "naturel", or frams 23a or 28a-f show adical Examiner must be notified at	l by	3 ☐ Widowed 4 ☐ Divorced	Year or Dates	3:		ZZ	opeony.			Specify	· Bla	1CK
5	72 h netu iical	Completed	15. Decedent's (Specify only highest	Education	16a	. Decede	ent'a Usuai Occu	pailon	t of working	16	b. Kind of Bu	usine <i>s</i> s/Ir	ndustry
21	within ene. then	ğ	Eiementary/Secondary (0-12)	Coilega (1-4o	r 5+)		ind of work done O NOT use retire	ed)	t of working	Pı	rince	Ged	orges Comm
2	D S S S S S S S S S S S S S S S S S S S	NO.		5+		Pro:	fessor			Co	olleg	е	
b	oth oth	Be	17. Father's Name (First, Middle, La					18. Mothe	er's Name (First, Mi	ddle, Ma	iden Sumam	10)	
<u>a</u>	Alente Alente Alente Alec e	To	Arthur Dildy					Reat	ha Newt	on			
Maryland	s 1 and 2 should be filed within 72 hr I Health and Mental Hygiene. Item 27 is marked other than "natur other traumatic event, the Madical		19a. Informant's Name/Relationshi	(Type, Print)	198	. Mailing	Address (Stree	et and Numbe	er or Rural Route N	umber, C	City or Town,	State, Zi	ip Code)
	es 1 end 2 sho of Health end N I tem 27 is ma r other trsums		Virginia D. W.	illiams-S	Sister	18	4th St	. Nor	walk, C	onn.			
a,	Head of the		20a. Method of Disposition		20b. Piace o	f Dispos	ition (Name of		Date		c. Location -	City or T	own, State
9	Pages nent of nrt: If its iry or o		1 Buriai 2 Cremation 3				atory or other place		ry 7-26				
ţ	tamp signs		4 Donation 5 Other (Spe		1010	_				PI	entwc	, oa	MD
Baltimore,	permit. Pages Department of Important: If it any injury or o		21. Signature of Funerel Service Li	ensee			Neme end Add		w uneral H	O	Two		
	70 = 4 O		1. P. m.	112 h- De		12	17 0+h	S FU	merar n	One	, Inc	200	11
	-		23a. Part. Enter the disease, or costock, or heart failure. List or	mplications that caus	ed the death. Do	not ente	r the mode of dy	ring, such es	cardiac or respirate	ory arres	1,	200	Approximate
V.	Physician		STOOK, OF Healt failule. List of	ly one cause on eech	mie.							1	interval Between Onsat and Death
IJ	/Medical		tmmediate Cause (Final	Candi	diasis	of	tho lu	na				i	11
	Examiner		disease or condition resulting in death)	a. Canar				119					11 mo.
		ē		Human	Dua to (or as a			77 77i~	rus Dise	200		i	2
	net insit	Examiner		b.				A ATT	us Dise	ase		i	3 yrs.
	certificate be executed nding physician and use as the buriel-trensit	Xa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to (or as a	consequ	ence of):					1	
68760,	be e iclar buri		Cause (Disease or injury	c								i	
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×	ding Se as	Me		1 d								i	
Bo	deeth c											1	
	0 0 0	Physician	Part ff. Other significant conditions	contributing to death	but not resulting i	n the un	derlying cause g	iven in Pert i	. 23b.	Dfd toba	acco use col	ntribute t	to the cause of death?
P.0	= 58	Phy	Leukoencepha	lonathu	multin	1.				1 Yes	2 ŪNo	3 Pro	obably 4 Unknown
	es the	by	Deakoencepha	topachy,	шитстр	те					X		
Records,	v require been si should	P								Wes an a		24b. W	Vere autopsy findings veilable prior to
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Re	The law ate has page 2	Completed									••		
											XII No	1	☐ Yes 2☐ No
of Vital	Physician: this certific ral director,	Be	25. Was case referred to medical axaminer?	Hospitai:			10	26. Place	of Death (Check o	nly one)			
of	0 0	2	1 ☐ Yes 2 ☑ No 27. Manner of Death	1 Linpa			3LI DOA	41 140	irsing Homa				lfy)
	P P	Certification:	1 Natural 5 Pending	28a. Date of in (Month, D		Time of Injury	28c. inju			ribe how	injury occur	red	
Division	or Attending efter death. Director: After In by the fune	catl	2 ☐ Accident investigat 3 ☐ Suicide 6 ☐ Could no	· ·			M 1	Yas 2	No				
Ξ	or Attendent of the Control of the C	Ē	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	28e. Place of the	njury - At home, fa etc. (Specify)	rm, atre	et, factory, office			on (Street Town, S		er or Run	ral Route Number,
0	rs efter al Dir	S			. , ,,								
	To the Hospital of within 24 hours of To the Funeral D completely filled I	cal	29a. Certifiar 1 Certifying (Check only 2 Timedical Ex	Physician: To the bes	t of my knowledge	, death	occurred at the t	ima, daie an	d piace, and due to	the cau	sa(s) and ma	nnar as i	stated.
	he H in 24 he Fi	edical	one)	aminer: On the besis end manner s	or examination en stated.	d/or inve	sugation, in my	opinion, dea	in occurred at the t	rne, date	and pieca,	and due t	to the cause(s)
	A ithin	Σ	29b, Signature end title of certifier				29c. Licer	se number		29d	. Date signer	d (Month,	, Day, Year)
	-		E. Quanglin	Both in	2		Do	4814	4		7/3	12/9	36
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	(10)		30. Name and eddress of person with E. DeVaughn B.	elton, M.	.D., 16	29 (Columb	ia Rd	. NW, S	uit	e334,	Wasl	h, DC 2000
	Sta Registi		31. Date filed (Month, Day, Year) JUL 2 3- 19	96 ARegis	trar's Signature	rlall							

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State of Maryland / Department of Health and Mental Hygiene 96 23973

							Ce	rtificate	of	Death		F	leg. No.			10
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Ý.	/Medi Examir		4a. Facility Nama (#	f not institution, giv	a street and number)		//4/	000/		4b. City, Tov	wn, or L	ocation of Death	1	y of Death	7.30	Cili
	Exami	ICI			al Hospita	1				01ney				gomer	37	
	F		5. Social Security N				st birthday	If Undar 1	- 1	-	24 Hrs.	8 Date of Birth			y piace (Stata o	r Formian
	Funeral Director		051-52-7 Usual Rasidance of	036	□M 2X)F	92	Yrs.		Days	Hours	Min.	8. Data of Birth (Month, Day Feb. 20	, Year) , 1904	Germ	itry)	Poraigit
	and and		10a. Stete	10b. County		10c. City,	Town or L	ocation						1	0d. Insida Cit	y Limits
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Baltimore,	permit. Page Department of Important: If sny injury or once.			5 Othar (Specif		Pin	elawr	Cemet	er	у	7	/30/96	Farmin	gdale	, New	York
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Division	or Attending after death. Director: After I in by the fune	Certification:	4 Homicida	datarmined	28a. Piace of Inju building, atc	. (Specify)	ia, iarm, st	raat, factory, o	ITICE			28f. Location (S City or Tow	n, Stata)	iber or Hurs	ii Piouta ivuiiii	907,
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	5	-	30. Name and addra	iss of person who	completed causa of de	ath (itam 2	23a) (Type,	Print)		1.		OLNEY	Man	1 ml	7.68	3
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	Registr	al.	JUL	2 9 1996	72 100 Da	1/4000V	-Malla	Ula								



DIVISION OF VITAL RECORDS, P.O. BOX 6876 HOSPITAL OR ATTENDING PHYSICIAN: The law

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	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s		
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96 23974 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR PERTINA **VERONICA EVERSLEY** JULY 29, 1996 6:10 am 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Dey, Year) SEPT. 12, 1914 of Panama IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. MONTHS 1 ☐ M 2🏋 F 097-46-6254 81 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN GREENBELT NURSING CENTER DIRECTOR GREENBELT PRINCE GEORGE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. PRINCE GEORGE'S BOWIE TE YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 13805 GULLEVERS TRAIL 20720 US PERM. RES. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2-4 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxlean, Puarto Rican, atc.)

1 XYES 2 NO Specify: 14. RACE — American Indian Black, White, atc. FORCES? 1 YES 24 1 Never Married 2 X Married BY 3 Widowed 4 Divorced Panamanian **Black** ED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) during most of working Elementary/Secondary (0-12) 12th College (1-4 or 5+) COMPL Housewife 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First Middle Maiden Surname) William Dennis Catherine Corea 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) 2 Erma F. Odumewu (Daughter) 13805 GULLEVERS TRAIL, BOWIE, MD. 20720 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 20s. METHOD OF DISPOSITION

1 X Burial 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) GEORGE WASHINGTON CEM. 8/2 ADELPHI, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY R.N. HORTON CO. MORTICIANS, INC. S. M. Hoston 600 KENNEDY STREET, N. W. 20011 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate interval Between **Onset and Daath** IMMEDIATE CAUSE (Final disease or condition PNEUNONIA (RECCURENT) BILATERAL reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): POOR CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Sp. ANNEST CARDIAC DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST STATE VERGTATIVE PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO CARDIAL FAILURE, ENA, TRACHEDITONY 1 UYES 250 NO COMPLETION OF CAUSE CONGESTIVE OF DEATN? DECUBIOUS ULCER 1 YES 2 NO DID TOBACCO USÉ CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN M PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER:
4 Nursing Name 5 Residence 6 Other (Specify) HOSPITAL: 1 TES 2 TO 1 fnpatient 2 ER/Outpatient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 44 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Nomicide 29a. CERTIFIER (Check only one)

One)

Application of the cause (s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occursd at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER Samuers Magna H MA 7/31/96 D40395

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

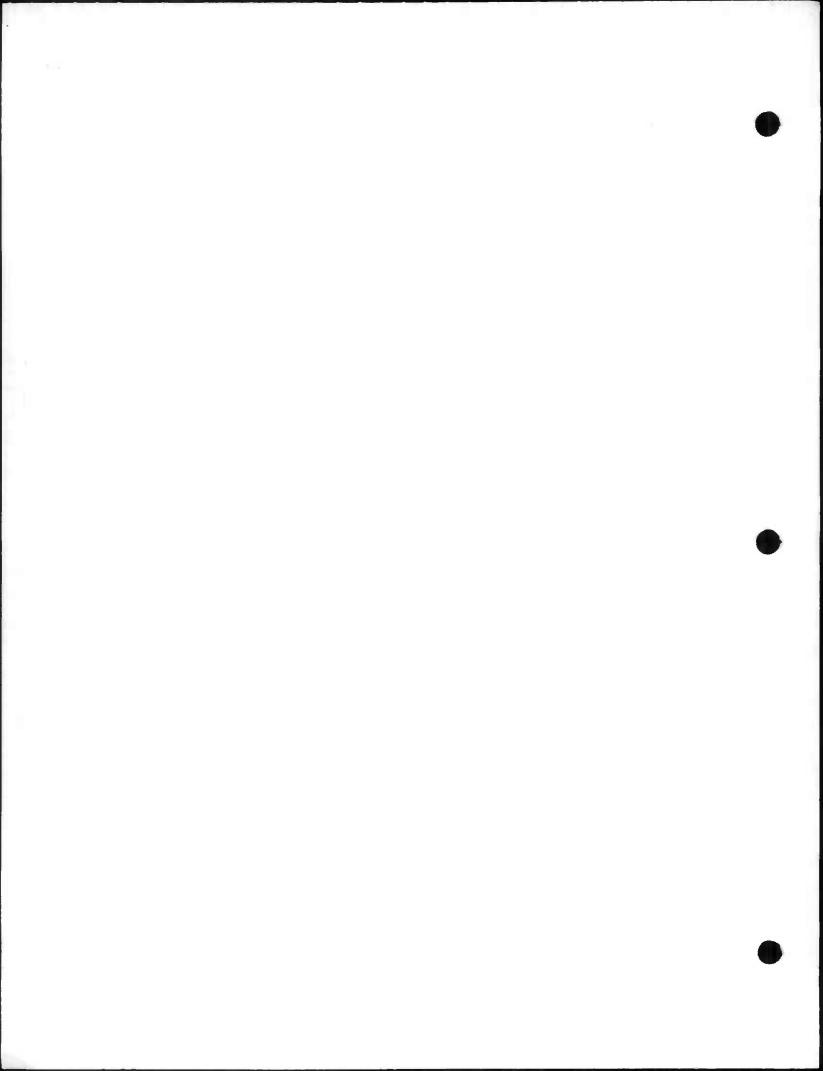
DR. SARAH RAMACHANDRAN 7500 GREENWAY CENTER DRIVE, GREENBELT, MD. 20770

AUG 0 1 1996 32. REGISTRAR'S SIGNATURE e de de la companya d

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last)			OLMIN	ICATE	Ol. F	JEAIN	REG. NO		1				
		Carroll	C			E11i	ott		2. DATE OF DEATH MONTH D 7 2	AY 9	MPANY RNER D CODE MD 21601 City or Town, State MD EWNAM FUNERAL STON. MD				
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	rs. lest birthday)	IF UNDER 1		IF UNDER 24 HRS.	7 DATE OF BURTH						
		217-09-4769	1 💢 M 2 🗆 F	90	YRS.	MONTHS E		HOURS MIN.	JAN. 4, 19	006	Country)				
should		9a. FACILITY NAME (If not institution, give st	treet end number)			9b. CITY, T	OWN OR	LOCATION OF DE							
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permit.		10e. STREET AND NUMBER	1001			EASI	_	IP CODE							
	ERAL	501 DUTCHMAN'S	T.ANE				101. 2	2160	11			IT COUNTRY?			
physician. burial-transit	FUNE	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S	S. ARMED	13. WA	S DECEN		IIC ORIGIN? (Specify Yes			A A of the work			
attending physician.		1 Never Merried 2 Married	FORCES? N	XYES 2	NO	If y	es, speci	NO Specify	n, Puerto Rican, etc.)	07 NO.	Black, V	/hite, etc.			
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	AN:	DID TOBACCO USE CONTR	IBOTE TO CAL		PLACE OF DEAT		_	UNCEKIAIN	ı L						
certificate h the State I to Item	SICI	EXAMINER?	HOSPITAL:			OTHER:			N						
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NG PHYS fter this cath with		1s Natural 5 Pending	(Month, Day			URY	WORK		200. DESCRIBE HOW I	NJOHY OCC	DHED				
OR ALTENDING DIRECTOR: After hours after death item 28 is mail	D BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF	INJURY A	At home, ferm, s				261. LOCATION (Street a	and Number of	or Rural Bout	Number			
ATTENDING PHYSICIAN: The ECTOR: After this certificate h is after death with the State [1.5] after marked, or item	W W	4 Homicide determined	building, e	etc. (Specify)					City or Town, State)	TO TVENTON C	A 710781 71001	Trumber,			
DIR DOUR	MPLET	29e. CERTIFIER A CERTIFYING PHYSIC	CIAN: To the heat of a	no benevola de	death and	4 4 4 4									
로 걸 전 도	M								to the cause(e) end mer time, date end place, en			4100000000			
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II	8	296. SIGNATURE AND TITLE OF CARTIFIER				ii, iii iiiy opiii		-							
TO THE TO THE POPULATION OF TH	8	The state of the s	I RI	7	10			90. LICENSE NUM	Salar.	29d. DATE	SIGNED (M	onth, Day, Year)			
223	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	E OF DEATH	TEM 277 (3-1-	Printi		D01225	W.		-30	76			
							TTD	7 7777777	D Drama		D 01	601			
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATUR		DLEW	TUD	AVENU	E, EASTO	N, M.	D 21	POT			
<u>. </u>		JUL 3 1 1996				2_									
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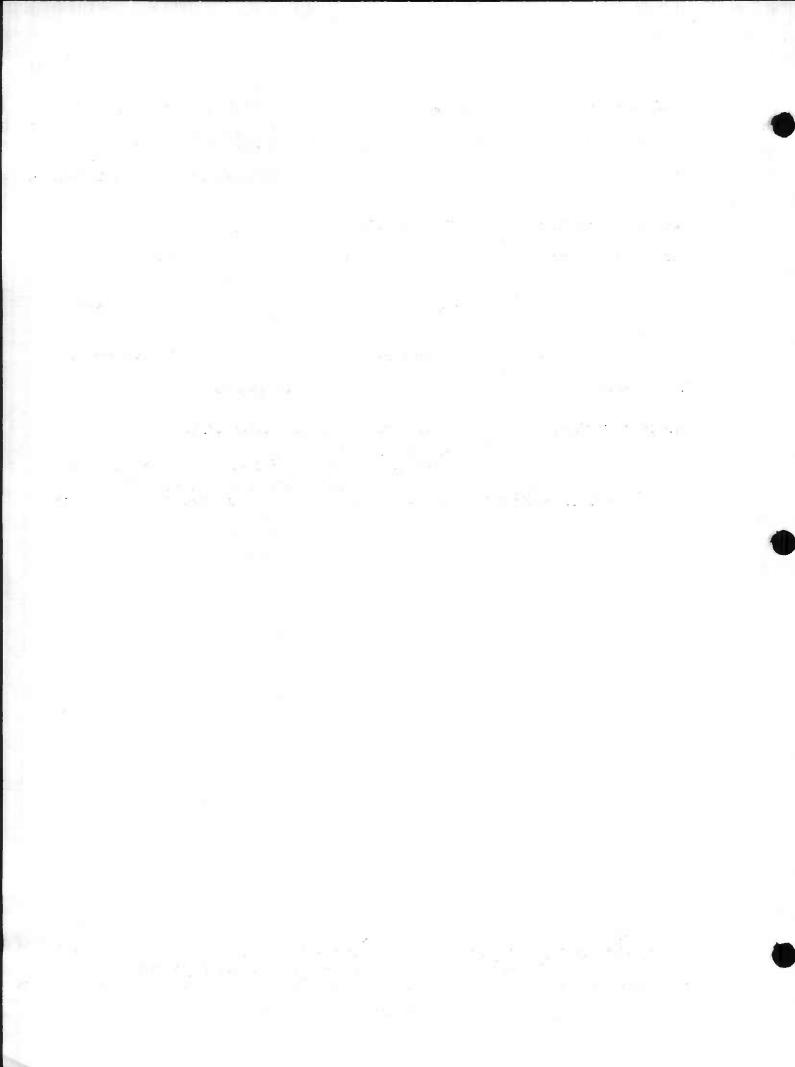


State of Maryland / Department of Health and Mental Hygiene 96 23976

		Cer	tificate of	Death		Reg. No.		00,0
Physician /Medical	1. Decedent's Name (First, Middle, Last) ALFRED FELKE	R			2. Deta of De Month	Day	Yeer 3.	Tima of Death
Examiner	4a. Facility Name (If not Institution, give street and number)			4b. City, Town, or L	ocation of Deet	th 4c. County	of Death	2110
	THE UNION MEMORIAL	HOSPIT		BALTIMOR			1e	
Funeral		s. last birthday)	ff Under 1 Yee Months Deys		8. Dete of Bi (Month, Di	rth av. Year)	9. Birthplace	(State or Foreig
Director	577–387744 1 1 □ XM 2 □ F 74 Usuel Residence of Decedent	Yrs.			Dec. 1	2, 1921		
atural, or hams 23e or 28e-t show cal Examiner must be notified at ted by Funeral Director		City, Town or Lo						nside City Limit
or 28a-f s be notified Director	10e. Street and Number		10f. Zlp Coda			10g. Citizen of	What Country?	
0 H 3	8238 Chalet Court		2110	18		U.S.A.		
r Items 23s niner must Funeral	11. Meritei Stetus 12. Wes Decedent Ever in	U,S. 13. V		Hispanic Origin? (Sp ban, Mexican, Puerto	ecify Yes or No		e - Amarican in	dian,
F P	Armed Forces? 1 □ Never Merried 2 □ Married 1 □ Yas 2 □ No	it	f Yas, specify Cu	ban, Mexican, Puerto	Rican, atc.)	Ble	ck, Whife, etc.	
by by	1 ☐ Nevar Memled 2 ☐ Mamled 1 ☐ Yas 2 ☐ No If Yas, Giva 3 ☐ Widowed 4 ☐ Divorced Yeer or Detas: WW	TT 1	I□ Yas 2√□ No	Specify:		Specify	White	2
fical Europe	15. Decedent's Education		lant's Usuel Occi	upation		16b. Kind of B	usinass/Industr	
t. the Medical Completed	(Specify only highast grada completed)	(Giva	kind of work don	upation a <i>during most</i> of work red)	king	TOD. INIII OF D	uan maarin luudi.	
	Elementery/Secondary (0-12) College (1-4or 5+) 2 Years			00)		TI C C		
	17. Father's Nama (First, Middla, Last)	Accour	ncing	18. Mothar's Nam	a (Final Middle		overnmen	10
d off					ia (FIFSE, MILODIE	a, Maiden Suman	na)	
marked martic e	Louis Felker			Anna A	ronson			
2 2	19a. informant's Neme/Reletionship (Type, Print)	19b. Mailin	ng Addrass (Stree	et and Number or Rui	rai Routa Numb	ber, City or Town,	State, Zip Cod	e)
- A	Arnold J. Felker, Son	8238	Chalet C	Court, Mil	lorcuil	lo MD	21108	
other	20a Mathod of Disposition 20b	Place of Dispos	sition (Nama of		Data	20c. Location -	City or Town,	State
tt ö	1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramovai from Stata	hev Sho	Ion Tali	aced Torah				
injury a.				etery 7/3				
mpo any it	21. Signature of Funeral Sarvica Licensee	\$22 S.	TEIN HEB	REW MEMOR	IAL FUN	ERAL HON	Œ. INC	
# OI	Gonald C. Stattleme	UZ 23	32 CARRO	LL STREET	NW W	ASHINGTO	ON. DC	20012
	23e. Pert1. Enter the diseese, or complications that caused the shock, or heart failure. List only one ceuse on each line.	ath. Do not ante	er tha moda of dy	lng, such as cardiac	or raspiratory	arrest,	App	roximata
ician	Shock, of heart failure. List only one couse on each line.						Ons	et and Deeth
lical	Immediata Causa (Finai	4 10		01- 1			T	. 0
iner	Immediata Causa (Final disaasa or condition resulting in death)	Merc	is tatic	- tros rai	re co	incer	IN	ce lear
1 h	Dua to	(or es e conseq	uanca of):					
ial-transit Examiner	b						i	
tran	Sequentially list conditions,	(or as a conseq	uance of):				i	
	Sequentially list conditions, if any, iseding to immadiate cause. Entar Undarlying Cause (Diseasa or injury c.							
e la		(or as a consequ	uence of):				1	
Jee as the bu	resulting at datatify Esse							
	d						1	
etached for u	Pert II. Other significant conditions contributing to death but not re	asulting in the ur	nderlying cause o	alvan in Part i	23h. Did	l 1obacco use co	ntribute to the	cause of deat
detached Physic		reality in the th	roarrying odosa s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes 2□ No		
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d by					24a Wa	s an sutopsy	24h Ware a	utopsy findings
Completed						ormed?	evaliable	e prior to tion of cause
2 s							of death	1?
Com					10	Yes 2 No	1 □ Yas	2 No
rector, par Be Co	25. Was casa rafarrad to medical			26. Plece of Dear	th (Check only	one)	1	
direct di	examinar?	P CD/Outnotion	, all soa 0	Whor			(0/-)	
- I	1 ☑ Yas 2 ☐ No 1 ☐ Inpatienf 2. 27. Mannar of Death 28a. Data of injury	ZER/Outpatien	t 3 DOA 28c. Inj			how Injury occur		
funaral tion:	1 ⊠ Natural 5 □ Panding (Month, Day Year)	injury	W	ork?	200. 0000100	now injury occur	160	
tha cat	2 Accident investigation 3 Suicide 6 Could not be		M 1[Yas 2□No				
in by tha	3 ☐ Suicida 6 ☐ Could not be datarmined 28a. Placa of Injury - At building, atc. (Special Could not be datarmined 28b.)		eat, factory, office	a		(Street and Numb wn, State)	per or Rural Rou	ita Number,
ed in by the funera Certification:								
tely fill	29a. Cartifiar (Check only one) 12 Certifying Physician: To the bast of my king one and manner stated.							
To the Funeral D complately filled in Medical Ce	29b. Signatura and title of cartifiar		20c Licer	nse number		29d. Date signe	d (Month Day	Veerl
8					,			
	Total X JULL, N.O.	F.A.C.E.	P BHZ	205354	6	Jucy	28	1946
	30. Name and address of person who completed cause of death (In The Union Memorial Hospital 31. Data filed (Month Day York) 32. Data filed (Month Day York)	am 23a) (Type, I	Print) EDN	A R. HIL	L, M. D	. , F. A. C	. E. P.	
4	The Union Memorial Hospital	201	E. Unive	rsity Pack	way, B	altimore	Morybon	(2121821
State							1 3	
Registrar	JUL 3 1 1996 Shier Devid	loon-Alanda	202					

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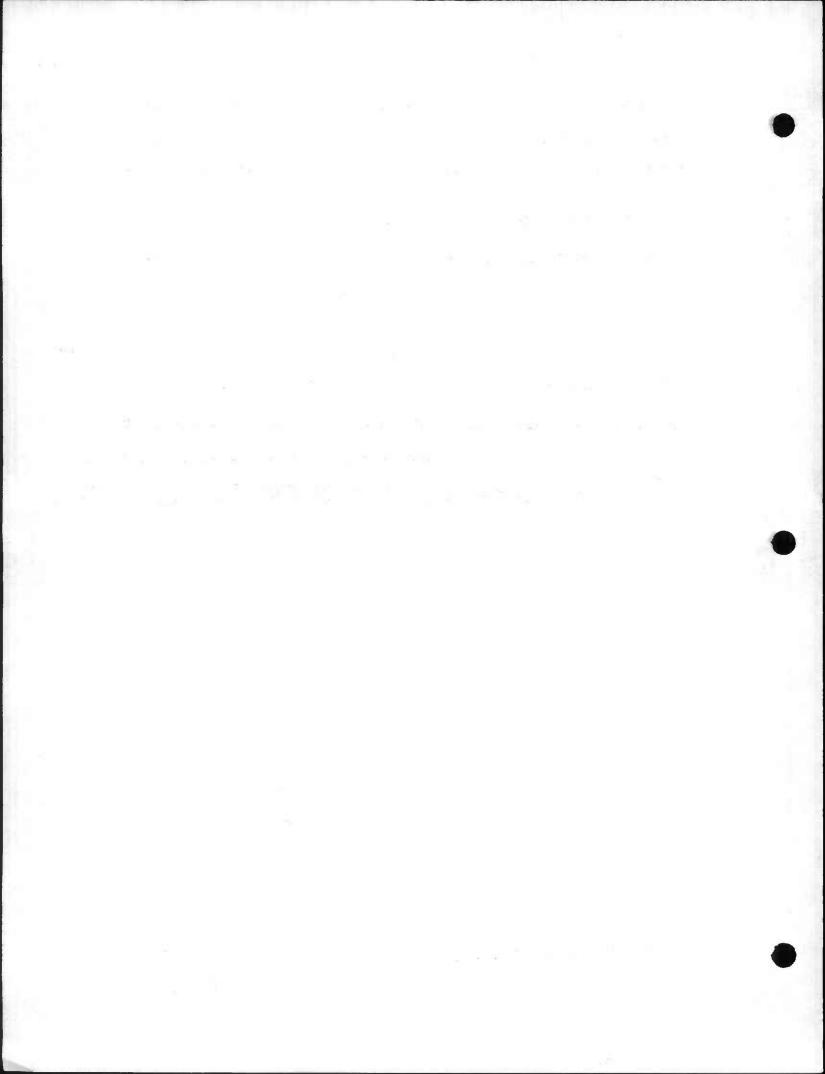
JUL 3 1 1996



State of Maryland / Department of Health and Mental Hygiene 96 23977

						Ce	rtificate d	of Deatl	h		Reg. No.			
	hysici: /Medic		1. Decedent's Nama (First, Midd MILLICENT	lle, Last)		FE	LDMAN	,		2. Date of Do Month JULY	eath 22, Day 199	6 Year	3. Time of D 1:40	
h	xamin		4a. Facility Name (If not institution SUBURBAN HOSP		umber)			BETH	ESDA	ocation of Deat		ty of Death GOMER		
	neral ector		5. Social Sacurity Number 065–18–9979 Usual Residence of Decedent	6. Sex 1 ☐ M 2 💢 F	7. Aga (n yrs. last birthday, 71 Yrs.	If Under 1 Ye Months Da		Min.	8. Data of Bi	9, 1924	9. Birth NEW	place (State or intro) YORK	Foreign
	notified at	ctor	10a. Stata 10b. County	r TGOMERY		0c. City, Town or L ROCKVILLI							10d. Inside City	
6	Or 20	Director	10e. Street and Number				10f. Zip Cod	le			10g. Citizen o	f What Cou	intry?	
6	munt 2		5901 MONTRO	SE ROAD A	PT. #		2085				UNITED	STAT	ES	
	Examiner must be	by Funeral	11. Marital Status 1 Never Married 2 Mai 3 Widowed 4 Moivorce	12. Was De Armed I 1 ☐ Yes If Yes, 0 Yaar or	Forces? 2X No Sive		Was Decedant If Yas, specify C 1 ☐ Yas 2 🕱 I			pecify Yes or No o Rican, etc.)	Speci	ack, White		
2 2	dical	etec	15. Deceder	nt's Education	d)	(Give	dent's Usual Oc kind of work do	ne during mo	ost of worl	kina	16b. Kind of	Business/I	ndustry	
121 Reference	a Me	Completed	Elementary/Secondary (0-12)	College	(1-4or 5+)	life.	DO NOT usa re	tired)			DUDY T	0 0011	007 0770	men.
12 P	7. E	ပိ	17. Father'a Name (First, Middle,		+4	TEAC	1EK	10 Mot	har's Nam	ne (First, Middle			OOL SYS	TEM
Maryland 21215-0020 od 2 should be filed within 72 hours at tith and Mertal Hygiene.	arked of	To Be	IRVING KORNST	•						OLLER	, Melden Syllie	ine)		
Aar and and	8.0		19e. Informant's Name/Relation	ship (Type, Print)		19b. Maili	ng Address (Str	eet end Num	ber or Ru	rei Route Numb	ber, City or Tow	n, State, Zi	p Code)	
	Dag.		CAROLE FELDMAN	(DAUG			NEVADA		NW -					
Baltimore,	or of		20a. Mathod of Disposition 1 X Burlal 2 ☐ Cramation	3 Removal from	n State	20b. Place of Dispo cemetery, cre			i.	Date	20c. Location			
tings and	dury dury		4 Donation 5 Other (5			JUDEAN 1				7/24/96	OLNEY	, MAR	YLAND	
Sal	any injury		21. Signature of Funaral Service	Licensee	,,		 Name and Ad ANZANSK 			MEMORI	AL CHAP	ELS.	TNC.	
)			Manh	as	for								LAND 20)852
	73		23a. Part1. Enter the disease, o shock, or heart failure. Lis	r complications that t only one cause on	caused the	e death. Do not en	ter the mode of	dying, such a	s cardiac	or respiretory	arrest,	i	Approximate Interval Betwee Onset and De	reen
Exan	dical niner	ner	tmmediate Cause (Final disease or condition rasulting in death)	· CH		a to (or as a conse		ATLC	L	enke	~ (A		(4 ~	ה המ
x 68760, sertificate be executed	provident and strains the burief-transit	I Examiner	Sequentially list conditions, if eny, leading to immadiata cause. Enter Underlying Cause (Disease or injury	5	Du	a to (or as a conse	quence of):							
X 68760, certificate be ex	se as the l	/Medical	that initieted events resulting in death) Last	d	Due	a to (or as a consec	uence of):							
Bo death o	for u	clar												
s thet the d	signed by the entending p	by Physician	Part II. Other significant conditi	Me c Ro			nderlying cause	given in Par	t I.		Yee 2 No		to the cause of obably 4 U	
TOO.	2 shoul	Completed	WOTH (1.	XRDIA	C >	+ Per	al F	AIL	se	24a. Was	s an autopsy ormed?		Vere eutopsy fin valiable prior to ompietion of car f death?	
100	, pag									10	Yes 2□No	1	☐ Yas 2☐ N	10
of Vita Physician:	director, page	Be	25. Was case referred to medica axaminer?	Hospital				Other		th (Check only				
Of ships	ra dir	ို	1 Yes 2 No	1)	Inpatient e of Injury	2 ER/Outpatle	I 3L DOA	4 ⊔ r	Nursing H	ome 5 Res			ify)	
	funer	lon	1 Dendi 5 □ Pendi	ng (Mo	onth, Day Y	gar) 28b. Tima o		njuryat Work? 1 ∐ Yas 2 [T No.	280. Describe	how injury occ	urred		
Or Attendation deat	d in by the	Certification:	2 Accident Invest 3 Suicida 6 Could 4 Homicide datarr	not be nined 28e. Plac buil	ce of Injury ding, etc. (S	- At home, farm, st Specify)			3140		(Street and Nur own, State)	nber or Ru	ral Route Numb	er,
To the Hospital within 24 hours	completely filled in by the funeral	edicai	29a. Certifier (Check only one) 1 Cartifyli 2 Medical	ng Phyeician: To the Examinar: On the and ma	ne best of m basis of ex inner stated	amination and/or in	n occurred et the vestigation, in m	e time, dete e ny opinion, de	and place, eath occur	, and due to the rred at tha time	cause(s) and i	manner as a, and due	stated. to the cause(s)	
Toth	woo	Σ	29b. Signatura and titla of certifie	11/	フ		29c. Lic	ansa number			29d. Data sign	ned (Month	, Day, Year)	
	(/	-	30. Name and address of person	who completed ca	use of deat	h (ttem 23a) (Type	Print)	17 /			, -		200	
	0		RICHARD H.	POLLEY	Registrar's	1040		PETT	cut 1	ave, K	Ersing	~~	nd of	5
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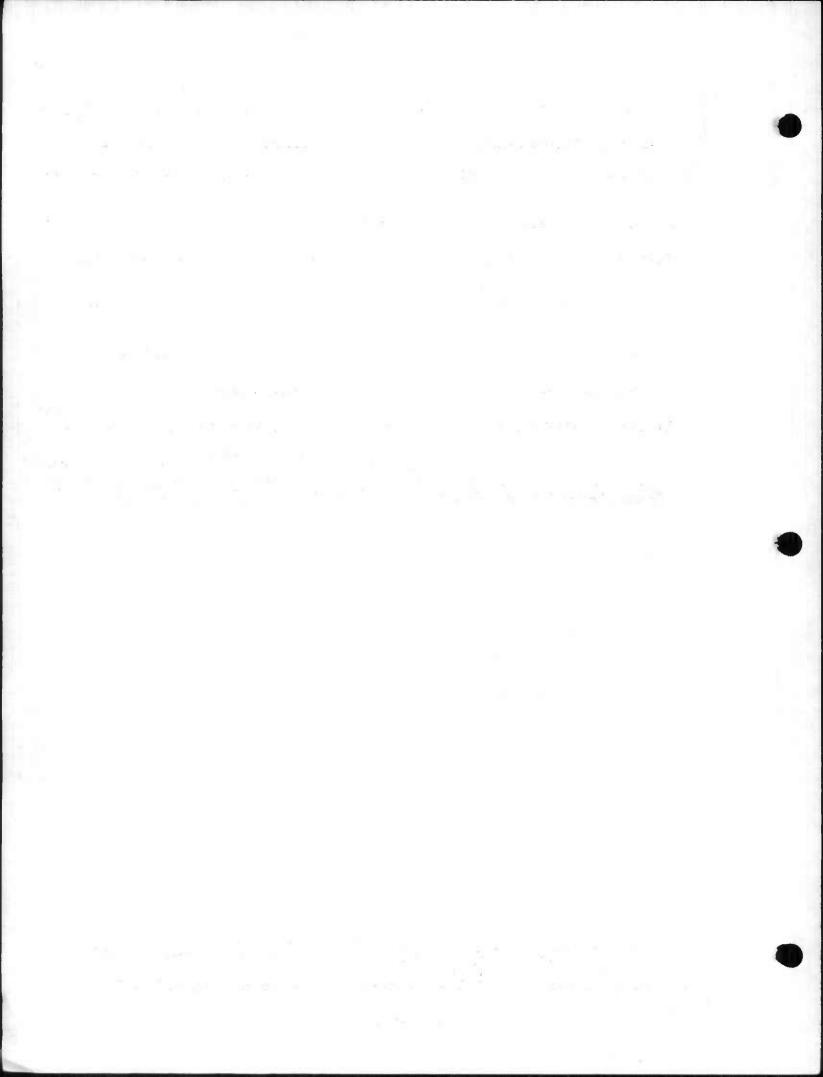
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 23978

							ertific	ate of	Death			Reg. No.			,,,
П	Dhyaia		1. Decedent's Name (First, Middle	e, Last)							2. Date of De Month	eath Day	Year	3. Tir	me of Death
	Physic: /Medi		Dorothy Dur	nbar Hami	lton F	allon						6, 1996		2:	45 PM
	Examir		4a. Facility Nama (If not institution	, give street and nu	um <i>ber)</i>				4b. City, Tow	wn, or Loc	ation of Deat	h 4c. Cour	nty of Death		
			Carriage Hi	ill-Bethe	sda				Bet	hesda	a	N	lontgo	omery	J
Т	Funeral		5. Social Security Number	6. Sax		rs. last birthd		ndar 1 Yaar	If Under 2	24 Hrs.	8. Data of Bi	th	-		tata or Foreign
в	Director		579-01-5175	1 □ M 2 □XF	92	Yrs	Mon	ths Days	Hours	Min.	(Month, De Feb. 2		Mass	miny) sachi	isetts
	О		Usual Residence of Decedant												
	how		10e. Stata 10b. County		10c.	City, Town o	Location							10d. insi	de City Limits
	Me Me	S	Maryland Mont	gomery		Be	thesc	la						1 🗆	Yas 2X No
	4 28 Z	Director	10e. Street and Number		•		10f	. Zip Code				10g. Citizen o	t What Cou	intry?	
	h wit		5215 West Ced	lar Lane				208	314			Unit	ed St	ates	
	deat	Funeral	11. Marital Status	12. Was Dec	cedant Evar Ir	U,S.	3. Was D		Hispanic Orig	oln? (Spec	ify Yes or No		ace - Amari	ican India	
0	offer had a series		1 Navar Marriad 2 Marri	ied 1 Yes	orcas? 2 🖾 No					, Puarto H	ican, etc.)		iack, Whita	, etc.	
Maryland 21215-0020	d within 72 hours efter death with the Meryland Jiene. r than "natural", or flems 23a or 28a-f show Tre Medical Examine must be notified at	b	3 X Widowed 4 □ Divorced	If Yes, G Year or I	ove Dates:		1LJ Y8	s 2 No	Specify:			Spec	W. W	hite	2
2-0	2 hc	Completed	15. Decedent	's Education		16a. De	cedent's	Usuai Occup	pation	and commentation	_	16b. Kind of	Business/Ir	ndustry	
21	within 7 ene. than "r	pie	(Specify only highes Elementary/Secondary (0-12)	Ť	(1-4or 5+)	- (G	e. DO NO	Tuse retire	during most	or workin	g				
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p	be filed ntal Hygid of other event, to	Be	17. Father'a Neme (First, Middle, i	Last)					18. Mother	r's Neme	(First, Middle	, Maiden Sum	ame)		
<u>a</u>	should be ad Mental marked o	10	Abraham Hamil	lton					Mai	ud Di	ınbar				
an	2 should and Men is marke		19e. Intorment's Neme/Relations!	hip (Type, Print)		19b. M	aiilng Add	ress (Street	t and Number	r or Rural	Route Numb	er, City or Tox	m, State, Zi	ip Code)	01950
	D = F =		Elizabeth Hamilton	Miller / r	niece	319	Meri	rimac	Street	t. Ne	wburvi	ort, M	assac		
ore	of He oth		20a. Method of Disposition			Place of Di	sposition	(Neme of	ine) -		Date	20c. Location	n - City or T	own, Sta	ite
Ĕ	Pege ent nt: If		1 Burial 2 □ Cremation 4 □ Donation 5 □ Other (Sp			ata of	Uoor	ton Co	July	y 30,	1996	Cilron	Card	na V	aryland
altimore,	permit. Pages 1 an Department of Heal Important: if Item 2 any Injury or other once.		21. Signature of Funeral Service I			00831					ert A.	Pumphr	ev Fr	nera	1 Home/
m	Depert Impo		Thinken an	m. 12	1/	hence	Be	thesda	a-Chev	y Cha	ase, I	nc. 75	57 Wi	scon	isin
			23a Part 1 Enter the disease of	complications that	101				Bethe				814-3		ximate
			23a. Part1. Enter the diseasa, of shock, or heart tailure. List	only one cause on	each lina.	Baul. DO HOL	enter the	mode or dy	ing, such as c	Carolac Oi	respiratory e	irrest,		Interva	al Between and Death
}	Physician /Medical		Immediata Cause (Final												
	Examiner		disaasa or condition resulting in death)	a. De	mentia										
		6	0.000		Due to	o (or as a con	sequence	of):							
	nsit n	Examiner		b. Hi	gh blo			4							
	and and	Xar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to	o (or as a con	sequence	ot):					i		
68760,	certificate be executed ding physician and ise as the buriel-transit		cause. Enter Underlying Ceuse (Diseesa or Injury that Initiated events	c											
387	phys the	/Medical	resulting in death) Last		Due to	(or as a con	sequance	of):					İ		
×	ding		7	d											
Box	death e atten ed for u	Physician													
P.O.	0 0 0	ysi	Part II. Other significant condition	ns contributing to d	death but not	resulting in th	e underlyi	ng cause gi	ven in Part I.		23b. Dld	tobacco use	contribute i	to the ca	use of death?
	het t										1 💢	Yes 2 No	3 □ Pro	bably	4 Unknown
of Vital Records,	requires that the	l by									2500000	W. 200 C. 200	045.16	Maria 2004	and the state of
0	neen Hould	ie e										an autopsy ormed?	81	vailabie p	opsy tindings prior to n of causa
ec	9 80	P.											o	death?	1 01 04034
=	F ege	Completed									10	Yes 2 No	1	□Yas	2DXNo
ita i	Physician: The rhis certificate rail director, page	Be	25. Was case reterred to medical examiner?						26. Place	of Death	(Check only	one)			
5	5 00	To	1 Yas 2 XNo	Hospitai: 1 🗆	Inpatient 2	□ ER/Outpa	tient 3	DOA Ot	her: 4 Nur	rsing Hom	a 5 🗆 Ras	dence 6 🗆 C	ther (Spec	ify)	
	g Pt ter th		27. Manner ot Death 1 □Natural 5 □ Pending	28a. Dete	ot Injury oth, Day Year	28b. Tim		28c. Inju	ry at ork?	2	8d. Describe	how injury occ	urred		
Ö	Attending or death.	atic	2 ☐ Accident Investig	ation	,,	,	М		Yes 2 N	No					
Division	Atte	ti Si	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide determi	ned 286. Place	e ot injury - A ling, etc. (Spe	t home, farm,	street, fa	ctory, offica		21		Street and Nui wn, State)	n <i>ber or R</i> ur	ral Route	Number,
Ö	s after se or in the se or in t	Certification:		John	nig, etc. (ope	спу				,	Ony or 10	wii, Olato)			
	hour hour ty fill		29a. Certifier 1 Cartifying	g Physician: To the	e best ot my i	nowledge, de	eth occur	red at the ti	ime, date end	d plece, ar	nd due to the	cause(s) end	manner as	stated.	
	he He in 24 he Fu	edicai	one) 2 Madical 8	Examiner: On the b and man	ner stated.	ination and/o	r investiga	ition, in my	opinion, deati	in occurred	d at the time,	date and plac	a, and due	to the ca	use(s)
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Σ	29b. Signature and title of certifier	021 0	V			29c. Lican	sa number			29d. Data sig	ned (Month	, Day, Ye	er)
B			Mart	m/201	lu	or hi	7	D	15	92	9	July 2	7. 10	996	
	20		30. Name and address of person v	who completed cau	se of death (tem 23a) (Tu	oe, Print\		- / V	1 9	1	July 4	., , 1.	, , 0	
			Christopher Ung					Aven.	ue, Be	these	da Ma	rvland	2081	4	
	Sta	te	31. Date tiled (Month, Day, Year)	32. F	Registrar's Sig	gnature		Aveill	re, ne	CHES	aa, Fid	Lyland	2001	7	
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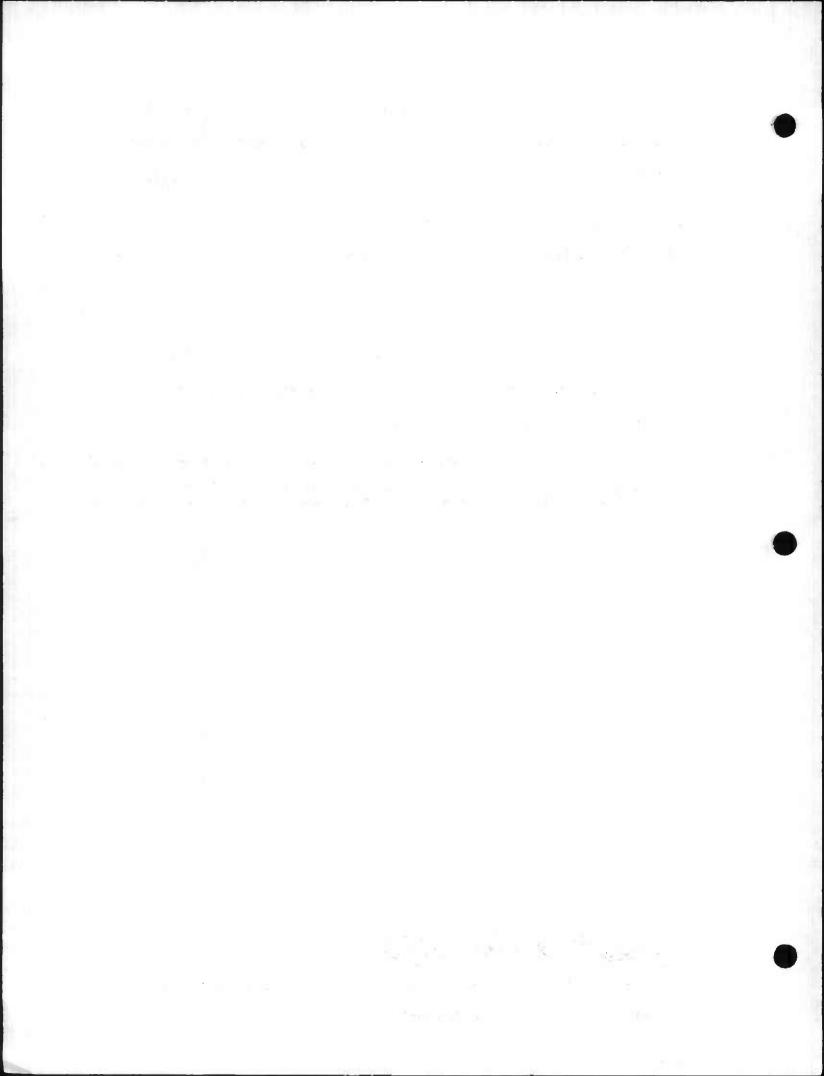
DHMH 16 Ray 6/95



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				Otate of Ivie	ii yiai ic		ificate of	Death		Reg. No.	16 2	3979
г	Physici	ian	Decedant's Nama (First, Middla, Last		-				2. Date of De Month	Day	Yeer	. Time of Death
	/Medi	cal	4a. Facility Nama (If not Institution, give	Norma	В.	Fuchs	<u> </u>	4b. Cify, Town, or		0, 1996		8:00 AM
4	Examir	ner	10024 Lorain Ave					Silver S		Monta		
	Funeral		5. Social Sacurity Number 6. Sa		(In yrs. la	st birthday)	If Under 1 Yee	r If Under 24 Hrs				a (State or Foreign
	Director		3//-34-4104	□ M 2□XF (69	Yrs.	Months Deys	Hours Min.	Nov. 28	1926	North Ca	rolina
	pus		Usual Rasidance of Decedent 10a. Stata 10b. County		10c City	Town or Loca	ation					Inside City Limits
	Maryte 4 sho fed st	0		nv		ver Spi						1 ☐ Yes 2√ No
	28a notif	rec	Maryland Montgome: 10e. Street and Number	Ly	JII	ver oh	10f. Zip Code			10g. Citizen of V		
	rurs after death with the Maryland at, or lisms 23a or 28a-f show Examiner must be notified at	Funeral Director	12603 Denley Road	d			20901			United	States	
		iner	11. Meritel Stetus	12. Wes Decedant E Armed Forcas?	var in U,S	6. 13. W		Hispanic Origin? (S ban, Maxicen, Puarl	pecify Yes or No		ce - Amarican I	ndian,
20	or th		1 Nevar Married 2 Married	1 ☐ Yas A (XN If Yes, Giva	0		JYes 2DXNo		o i nouri, uto.j	Specify	V*	
00	72 hours after "natural", or its idical Examins	d by	3(D)(Widowed 4 □ Divorced	Yeer or Datas:		16a Dagada	nt's Usuai Occu				White	
15	in 72 namedia	plete	15. Decedant's Edu (Specify only highast grad			(Giva ki lifa. D	nd of work done NOT usa ratir	ipation a <i>during</i> most of wo ed)	rking	16b. Kind of B	usinass/industi	ry
212	filed within Hygiene. ther then ant, the Me	Completed	Elamantery/Secondary (0-12)	Collega (1-4or 5-	+)	Teach	er			Pre-sch	ool	
pu	0 = 0 =	Be	17. Fathar's Nama (First, Middle, Last)					18. Mother's Nar	na (First, Middle,	Maiden Suman	na)	
yla		P	William H. D.	Banck	- 1			Bertha	A. Lie	esenbein	1	
Maryland 21215-0020	の祖母書		19a. Informant's Name/Ralationship (T) Mildred B. Spe			19b. Mailing Same		et and Number or Ri	ural Routa Numb	er, City or Town,	Steta, Zip Coo	de)
	es 1 and of Health I lisen 27 r other tr		20e. Mathod of Disposition	1106	20b. Pie	ca of Disposi	tion (Nama of		Deta	20c. Location -	City or Town.	Stata
mo	Pages sent of int: If the iry or o		1 ☐ Burial 2 ☐ Cramation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)	Removei from Stata		-	itory or other pl e Crema	1	7-31-96			
Baltimore,	무취로 등		21. Signeture of Funaral Sarvice Licens	00/	Cite	22.	Nema end Addi	ass of Facility			.110,	ar y rand
m	Dep June		> Ellen X	1. Ka	PP	Ra	pp Fune 3 Gist	ral Servi Avenue, S	ces, P.	A. orina M	ID 2091	0
	-1		23a. Part1. Entar tha disaese, or compl shock, or haart failure. List only or	ications that caused na causa on aach lin	tha daath. e.						Api	proximata arval Between
	Physician											sat end Death
1	/Medical Examiner		Immediata Cause (Finel disaasa or condition rasulting in death)	Respirat	tory	Failur	е					
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	outed nd ransit	Examiner	Sequentially list conditions	0		es a consequ	ance of):				i	
0,	e exe	Ex	Sequentielly list conditions, if eny, laeding to immadiate ceusa. Entar Underlying Cause (Disaase or injury	Rheumato								
68760,	ificate be executed g physician and as the burial-transit	edical	that initiated events resulting in daeth) Last	3		as a consequa						
9 X	5 D 6			d								
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P.O.	that the de ed by the a deteched i	hys	Pert II. Other algnificant conditions cor	itributing to death bu	t not resul	ting in tha und	larrying causa g	iven in Pert I.		Yee 2)(1) No		e cause of death? ly 4 ☐ Unknown
	be del	by P	Hypertension									,
ord	require been si shouid I	ted							24a. Was perfo	en autopsy med?	aveilab	autopsy findings ole prior to
Sec	_ D 00	Completed									of deat	ation of causa th?
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of Vital Records,		o Be	25. Was cese rafarrad to medical axaminar?	lospital:		D/O-4-41-4	20 DOA 0		ath (Check only o		S	ister's
0	Physer this eraid	⊢	27. Mannar of Death	28a. Date of Injur	/ 2	R/Outpetient 28b. Tima of	3□ DOA 28c. Inje	4 LI Nursing P	loma 5 ☐ Rasid	now injury occur		ome
ion	tending l leath. tor: After the funer	atio	1 Natural 5 ☐ Pending Invastigation	(Month, Day	Year)	Injury		onk?]Yas 2□No				
Division	Hospital or Attending 24 hours after death. Funeral Director: After stely filled in by the fune	Certification:	3 ☐ Suicida 6 ☐ Could not be data mined	28a. Place of Inju- building, atc.	ry - At hon (Spacify)	na, farm, stree	t, fectory, office		28f. Location (3 City or Tox	Street and Numb vn, Stata)	per or Rural Ro	outa Number,
۵	oftal o urs af rai Di											
	To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by th	edical	29e. Certifiar 1 Certifying Physical (Check only one) 2 Medical Examination	ician: To the best of ner: On tha basis of and menner stet	axaminetic	iedga, daath o on and/or inva	scurred at the t stigation, In my	ima, deta and place opinion, deeth occu	, and due to tha irred at tha tima,	causa(s) end ma data and placa,	anner as stated and dua to tha	J. cause(s)
	ro the	Me	29b. Signetura and titla of certifier	4.10.11011101.500	.out		29c. Licer	se number		29d. Data signe	d (Month, Dey	, Year)
	->-0		111 10	ules	0 1	WB) n	18813		July 30,	1996	
	15		30. Nema and addrass of person who co	mpiated cause of de	eth (Item 2	23a) (Type, Pr		10010		JULY 00.	, 1000	
	P		Ira Tauber, M. D				enue, #	304, Silv	er Spri	ng, MD 2	20902	
	Sta Registr		31. Data filed (Month, Day, Year) AUG 0 1 1006	32. Registre	rs Signetu	Pandelle						

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

					Cert	tificate of	Death	R	eg. No.		
			1. Decedent's Name (First, Middla, La	st)				2. Date of Dea			3. Time of Death
В	Physic		NICOLA	THERESA FEST	TA			Month JULY	Day 31.	Year 1996	9:10 AM
	/Medi Examii		4a. Facility Name (If not Institution, giv		421		4b. City, Town, or I		4c. County		7020 240
*	Exami	ici	4411 71st.				LANDOVER	HTLLS	PR.	INCE	GEORGES
Н	Funeral		5. Social Security Number 6. S		at birthday)	if Under 1 Year	if Under 24 Hrs.				
	Director			□ M 217 15	Yrs.	Months Days	Hours Min.	FEB. 4	Year) 1951	Coun	iace (State or Foreign try)
-			Usuai Residence of Decedent					TEND + -	17)1	ME	DIL. D.C.
	M O M		10a. State 10b. County	10c. City,	Town or Loc	ation		-		1	Od. inside City Limits
	A Tab	Ç	MD. PRINCE	GEORGES	LANT	DOVER HI	TLS				1 No 2 No
	28 th	Director	10e. Street and Number			10f. Zip Code		1	Og. Citizen of	What Cour	itry?
	th with the Maryland 23a or 28a-f show ast be notified at	0	4411 71st A	VE.		20	784			U.S.A	
	PB Z	Funeral	11. Meritel Status	12. Wes Decedent Ever in U.S.	13. W		Hispanic Origin? (S	pecify Yes or No-		e - Americ	
_	P Tag	F	1 ☐ Never Married 2 🕅 Married	Armed Forces? 1 ☐ Yes 2 ☒ No	lf '	Yes, specify Cub	an, Mexicen, Puert	o Ricen, etc.)		ck, White,	
21215-0020	d within 72 hours after death with the Marytar piene r then "natural", or itsms 23e or 28e-f show the Medical Examiner must be notified at	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Dates:	11	☐ Yes 2∏ No	Specify:		Specif		Mileve
ĕ	2 hou	8	15. Decedent's Ed	Jucation	16a. Decede	ent's Usuel Occup	petion		16b. Kind of B		
115	in 7	Completed	(Specify only highast gra	da complated)	(Giva k	ind of work dona O NOT usa ratire	during most of wor	king			,
5	ione. then the Mes	E	Elementary/Secondary (0-12)	College (1-4or 5+)	RI	EGISTERE	D NURSE			NURSI	NC
D	意を養真	Bec	17. Father's Name (First, Middle, Last)				T T	ne (First, Middla, i			.110
lan	Mental Mental arked o	ToB	NICHOLAS	V. FESTA				ILENE I	C C	ONNEI	т
Maryland	should be nd Mental marked o	-	19e. Informant's Name/Relationship			Address (Street	t and Number or Ru				
ž	四年度高		NICO M. LA		880						
e,	1 and Health em 27		20a. Method of Disposition	20b. Piac	e of Disposi	WATERT Ition (Nama of		WEST NEV	20c. Location		
Baltimore,	Pages nant of I int: If its ury or o		1 ☐ Burial 2 ☐ Cremation 3 ☐	Hemoval from State		atory or other pla					
틆	d and con		4 □ Donation 5 □ Other (Spacifi	. 01121		CREMATO		8/1	RIVE	RDALE	MD.
3a	parmit. Pages Department of Important: If it any Injury or once.		21. Signeture of Funeral Service Licen	1	22.	Neme and Addre	ess of Facility				
_	20200		W.W. Cha	MULLIAU MOOO	91 W.	. W. CHA	MBERS CO.	. RIVERI	DALE. M	D. 20	737
			23a. Part1. Enter the disease, or comp shock, or heart failure. List only	plications that caused the deeth.	Do not enter	r the mode of dyi	ing, such es cerdiad	or respiratory arr	est,		Approximate Interval Between
	Physician		The second secon								Onset and Death
1	/Medical		Immediete Cause (Finel disease or condition	& BLADDER	CA	UCFR					2 YEARS
В	Examiner	1	resulting in death)		s a consequ				-		1011100
		ner			,	,					
	cuted	Examiner	Sequentially list conditions	b. — Due to (or a	s a consequ	ence of):					
o,	an ar riel-t	Ä	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying		,					į	
68760,	certificate be executed ding physician and se es the buriel-transit	edicai	Cause (Disease or Injury that Initiated events	C. Due to (or a	s e conseque	enca of):				+	
	tifica g ph	led	resulting in death) Last							į	
XO		Mul		d							
Ω.	that the death c led by the ettend detached for us	Physician	Part II. Other significant conditions of	antilbuting to death but not reculti	no in the une	doduina anuna ai	von la Post I	23h Dida	head use of	ntribute to	the cause of death?
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D	es thet igned to be deta	y P						1 1	es 2 No	3 Pro	bably 4 Unknown
ds,	8 50 9	d by						24a. Was a	n autopsv	24b. W	ere autopsy findings
Record	v require been si should	Completed						perfor		av	allable prior to mpletion of cause
Se.	hes hes	dm								of	death?
								1 🗆 Y	es 200 No	1 [Yes 2□ No
Division of Vital	Attending Physician: or deeth. ector: After this certific by the funeral director,	Be	25. Was case referred to medical examiner?	Haenital:		100		th (Check only or	na)		
-	this c	P	1 Yes 2X No		R/Outpatient	3LI DOA		ome 5 Reside			y)
u u	h. After t funera	.i.o	27. Menner of Death 1 Naturel 5 ☐ Pending	28e. Dete of Injury (Month, Day Year)	8b. Time of Injury	28c. Inju Wo	ry at ork?	28d. Describe h	ow injury occur	red	
Sio	deeth deeth stor: A y the f	catl	2 ☐ Accident investigation			M 1	Yes 2 No				
Ž	or Att efter d Direct d in by	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Place of Injury - At home building, etc. (Spacify)	e, farm, stree	et, factory, office		28f. Location (S City or Town		per or Rura	l Routa Number,
	ital o	Ce									
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune.	edical	29a. Certifier 1 Certifying Phy (Check only 2 Madical Exam	yalclan: To the best of my knowled	edge, death o	occurred at the ti	me, date and place	, and due to the c	ause(s) and ma	anner as s	tated.
	the him 2, the F		one)	and manner stated.					and piece,		• • • • • • • • • • • • • • • • •
	To To Too	Σ	29b. Signature and title of continue			29c. Licens			19d. Date signe	d (Month,	Day, Year)
3			Mattan	Rom		D4	1266	Mayland	7/3	1/90	6
			30. Neme end eddress of person who d	completed cause of death (Item 2	3a) (Type, P				1	1	
	φ			KINS M.D. 37			RD. N.W.	WASHIN	CTON :	n a	
	Sta	te	31. Date filed (Month, Dey, Year)		0		TUO NOW.	,	_ والمال المالا	Val.	-
	Registr		AUG 0 1 1996	32. Registrer's Signetur	gandese	•					
			V + 1000		7						

and converges and in original year of the last and a hour office of the . 121 2016

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Dete of Deeth

Lanham

Physician
/Medical
Examiner

Paul Raymond Faris 4e. Facility Neme (If not institution, give street and number) Doctor's Community Hospital

JUTY 4b. City, Town, or Location of Deeth

1996 30y. 1:22 A. 4c. County of Deeth Prince George's

Funeral Director

c 28a-f show

r than "netural", or items 23a or the Medical Examinac must be r

the Mary

hours after

permit. Pages 1 and 2 should be filed within 72 h. Department of Health and Mantal Hygiene. Important if item 27 is marked other the any injury or other traumers other the once.

Physician /Medical

Examiner

attending physician and for use as the burial-transit

been signed by the should be detached

page 2 has

> director, Be

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After t

al or Atternants after death.

Hospital 624 hours a 24 hours

To the To the To the

the death certificate be execu Box 68760

P.0.

Division of Vital Records,

Baltimore, Maryland 21215-0020

10a. Stete Maryland 10e. Street and Number 9804 47th

Director Funeral þ Completed

10

Examiner

Physician/Medical

b

Completed

2

Certification:

1**XX** 2□ F 220-38-4363 Usuel Residence of Decedent

7. Age (In yrs. last birthdey) 54 Vre

If Under 1 Year If Under 24 Hrs. 8 Date of Sirth Months Days Hours Min. Month Day

10f. Zip Code

20740

December 27,1941

9. Birthplece (State or Foreign Washington, D.C.

10d. Inside City Limita

XX Yes 2 No

5. Social Security Number

Prince George's

Avenue

10c. City, Town or Location College Park

10g. Citizen of What Country? United States

11. Merital Status

1 Never Merried 2 Nemied 3 Widowed 4 Divorced

12. Wes Decedent Ever In U.S. Armed Forces? 1 ☐ Yes 2001No If Yes, Give Yeer or Detes:

Coilege (1-4or 5+)

 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2XXNo Specify:

 Race - American Indian, Black, White, etc. White

15. Decedent's Education (Specify only highest grade completed)

16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry

Elementery/Secondery (0-12)

17. Fether's Neme (First, Middle, Last) Paul Alexander Faris Foreman

MNCPPC 18. Mother's Neme (First, Middle, Maiden Surname)

Horstkamp

19e. Informent's Neme/Reletionship (Type, Prin Mary Ann Faris (Wife)

19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Same as #10

C.

Regina

20e. Mathod of Disposition XX Buriel 2 Cremetion 3 Removel from Stete

20b. Plece of Disposition (Name of cemetery, cremetory or other plece) George Washington Cemetery

Dete 20c. Location - City or Town, State 8/1/1996

Adelphi, Maryland

4 ☐ Donation 5 ☐ Other (Specify)

21. Signature of Funerel Service Licensee Dawarold.

22. Name and Address of Fecility Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. BEltsville, Md.

Massive Hemoptysis 36 hrs

Immediate Ceuse (Final disease or condition resulting In deeth)

Chronic Obstructive Pulmonary Disease

28. Plece of Death (Check only one)

Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest

Due to (or as e consequence of)

23e. Pert1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line.

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes en autopsy

24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes XX No

1 Yes 2000

25. Wes case referred to medical examiner? 1 ☐ Yes XX No

5 Pending investigation

8 Could not be determined

Hospitel: 1 XX patient 2 ER/Outpetlent 3 DOA 28e. Deta of Injury (Month, Day Year)

28e. Pieca of Injury - At homa, ferm, street, fectory, office building, etc. (Specify)

28c. Injury et Work?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

29e. Cartifiar (Check only one)

27. Manner of Death

XXNeturel

2 Accident

3 Suicide

4 D Homicide

XX Certifying Physician: To the best of my knowledge, deeth occurred et the time, data and place, and dua to tha causa(s) and menner as stated.

2 Medical Examiner: On tha basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and dua to tha causa(s) and menner stated.

29b. Signature and title of certifier

29c. License number D12015

1 Yes 2XXVo

29d. Dete signed (Month, Day, Year) July 30, 1996

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

30. Name and address of percent who completed crust of death (Itam 23a) (Type, Print)

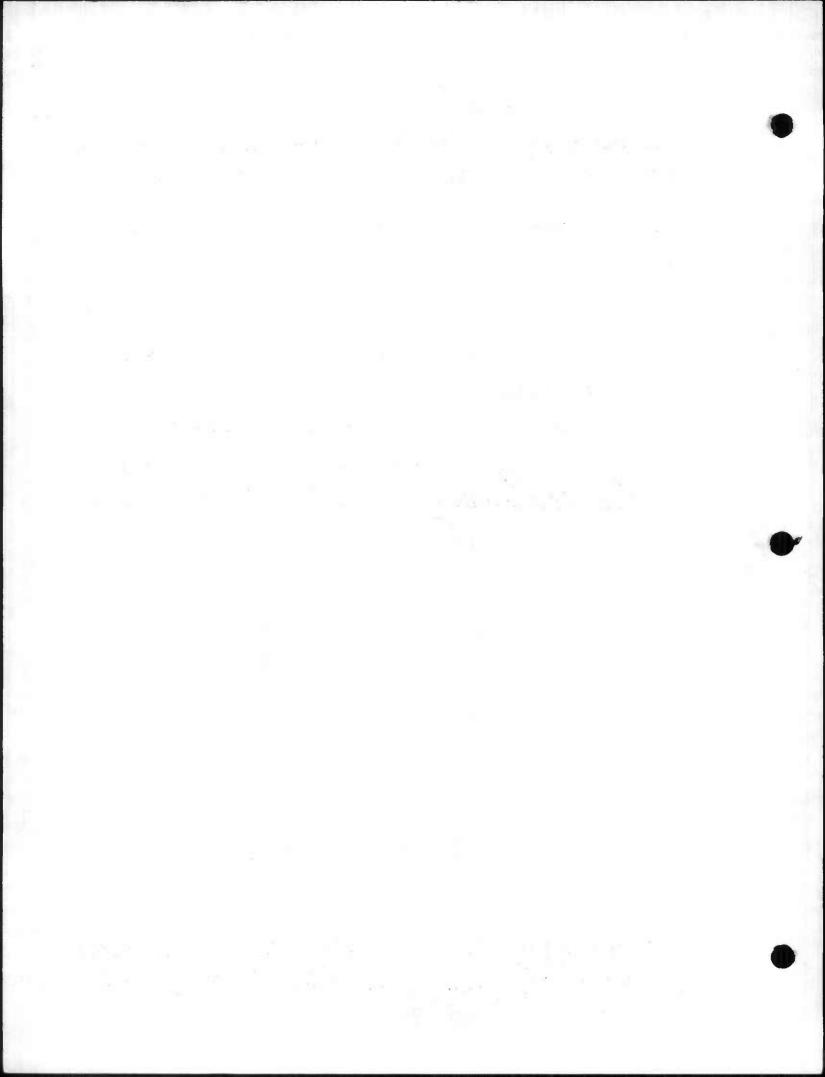
Louis E. Steinberg, M.D. 6492 Landover Road Landover, Maryland 20785-1451

State Registrar 31. Dete filed (Month, Dey, Year) AUG 0 1 1996

82. Registrer's Signeture - Wavidson Randell State of Maryland / Department of Health and Mental Hygiene 96

					Ce	ertificate	of L	<i>Death</i>		Reg. No.		0 5 0 1		
		1. Decedent's Name (First, Middla,				2. Date of Death			3. Tima of Death					
Phys		Oliver				Month July	30.	1996	9:50 A					
	dical niner	4a. Facility Name (If not institution,		lkes			4t	b. City, Town, or L		7	ounty of Deat			
Exam		Holy Cross Hos	enital				C	141 C-			26			
Former	a.l			7. Age (In yrs.	last birthday) If Undar 1	Year	ilver Sp	8 Date of B	lirth	Monts	gomery		
Funer: Directo		412-18-3027	1⊠M 2□F	75	Yrs.	Months D	Days	Hours Min.	(Month, D	te of Birth onth, Day, Year)		Birthplaca (State or Forei Country)		
	31	Usual Residence of Decedent		13					May	7, 192	1 Tenr	nessee		
filed within 72 hours effer death with the Merylend Hydione. ther than "netural", or items 23a or 28a-f show wit, tre Medical Exemple must be notified a		10a. State 10b. County		10c. Cit	y, Town or I	_ocation						10d. Inside City Li		
with the Merylen a or 28a-f show be notified at	৳	W1 - 1 W										1 ☐ Yes 2 €		
90	20	Maryland Montgo	omery		Whea									
E &	Director					10f. Zip Co	000			10g. Citiza	n of What Co	ountry?		
23	2	11701 Galt Avenu		2	2090	12		U.S.A.						
frems 23a	Funeral	11. Marital Status		12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Giva		 Was Decedan If Yes, specify 	t of His Cubar	spanic Origin? (Sp n, Maxican, Puerto	pecify Yes or No Rican, etc.)	lo- 14	Race - American Indian, Black, White, etc.			
0 5	Ē	1 ☐ Never Married 2 ☑ Marrie	d 1 ☐ Yes			1 ☐ Yas 2 ☑ No Specify:					pecify:			
- 2	l by	3 ☐ Widowed 4 ☐ Divorced	Year or Da	ites:			, 140	opeany.		Whi				
netural,	Completed	15. Decedent's	15. Decedent's Education (Specify only highest grade completed)					itlon uring most of work	dina	16b. Kind	of Business/Industry			
- 25	d	Elementary/Secondary (0-12)	-4or 5+)	life.	DO NOT use	aring most or wor	King							
ther than	Po	10								Bakery				
other	Be	17. Father's Name (First, Middle, L	ast)			ales		18. Mother's Nam	ne (First, Middi					
0 .	ToB	Oliver Fowll	kes, Sr.					1/-		77. 4.				
Tage	1	19a. Informant's Name/Relationsh			10h Mai	ling Address /	Stroot o	-		West Route Number, City or Town, State, Zip Code)				
Tage 1				rype, cility										
tem 27 is marked o		Lidia Fowlkes	3	200	1170	l Galt	Ave	nue Whe						
If Item 2		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation	3 Ramoval from 9	State 200. F	emetery, cn	position (Name ematory or othe	or or place)	Date	20c. Loca	ition - City or	Town, Stata		
in the		4 □ Donation 5 □ Other (Spi			ospeci	Cemet	erv	i	8/2/96	Mt A	fra Ma	rvland		
lo lo	9	21. Signature of Funeral Service L	icensee		1	22. Name and A	Address	s of Facility						
Department of H important: If ite any injury or ot	SUCE	My chart	5000	- 10 1	F	rancis	J.	Collins	Funera	1 Home	, Inc.			
		23a. Perl1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory errest, interval Between interval Between interval Between interval Between												
		shock, or heart fallure. List o	nly one causa on a	ach line.	H. DO NOT BE	iter tha mode c	л аушд	" such as cardiac	or raspiratory	errest,		Intarval Between		
nysicia	_		0	4		4-1						Onset and Deat		
fedica amine	_	Immediate Ceuse (Final disease or condition	/10	espira	toy 2	al on	2			/mm				
IIIIII		resulting in death)	a	Due to (c	r as a conse	equence of):						1019-		
**	Examiner		. Conge	Strue 4	Point	- Foile	0					Sthuts		
po	Ē	Sequentially list conditions	6.001/6	-	r as a conse	equence of):	_					Janay		
an ar	M	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	(nea	161. /	Inc.	A.	-					Tung -		
Sick	ca	Cause (Disease or Injury that initiated events	c. 20,0	Trug 1	1160	7 113	· 2U	N.			Signary			
attending physicien and for use es the bunal-transit	Medical	resulting in death) Last		(Jane to (o	ras a cons	querica or):								
ding	3		d											
ed by the attendin deteched for use	Physician													
the a	/sic	Part II. Other significant condition	23b. Did	23b. Did tobacco use contribute to the causs of deal										
केंद्र	£	Alaba.	1 Yes 2 No 3 Probably 4 Unknown											
gned be de	by	Alzhein												
n sig	8	Di la	Nici Ja									Were autopsy finding		
plnods	e	VIUSEYO	per	formed?		available prior to completion of cause of death?								
hes Je 2	Completed													
page .			1 🗆	1 Yes 2 No 1 Yas 2 No										
certificete rector, pag	director,	25. Was case refarred to medical examiner?	25. Was case refarred to medical aximiner? 28. Place of Deeth (Check only one)											
S .0	2	1 Yes 2 No	Hospitel: 1	patient 2	ER/Outpatie	ent 3 DOA	Other	f: 4 ☐ Nursing H	oma 5 Re	sidence 8 [Other (Spe	cify)		
After thi funeral	Ë	27. Manner of Death	28a. Date o	f injury n, Day Year)	28b. Time Injury	of 28c.	Injury Work	at ?	28d. Describe	how injury	occurred			
	atio	1 ☐Natural 5 ☐ Panding 2 ☐ Accident investiga		, and routy	a ijui y	М		es 2□No						
y th	floa	2 Cuiside 6 Could not be								281. Location (Street and Number or Rural Route Number, City or Town, Stata)				
To the Funeral Director: ocompletely filled in by the	Certification:													
To the Funeral D completely filled I		20a Contilian All Analista	29a. Certifier 1D Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
Fun	edical	(Check only 2 Medical E	xaminar: On the ba	sis of examinat	wledge, dea lion and/or l	th occurred at t nvestigation, in	he time my opi	 date and place, inion, death occur 	, and due to the rred at the time	e cause(s) ar , data and p	nd manner as laca, and due	s stated. to the causa(s)		
Die	3	(Check only one) 2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to and manner stated.												
8	Σ	29b. Signatura and titla of certifier 29c. License number 29d. Date signatura										ed (Month, Day, Year)		
		1/1/435 T. 2019												
		30. Name and address of person w	ho completed cause	of death (Item	23a) (Tuno	Print)	0		1	July	1010	110		
		In Dal Kin	2011	MAN	7	INIA	10.	lical, H	all D.	- CHI	was Sa	n/17		
		31. Date filed (Month, Day, Year)	31. Date filed (Month, Day, Year) 32. Registrar's Signeture											
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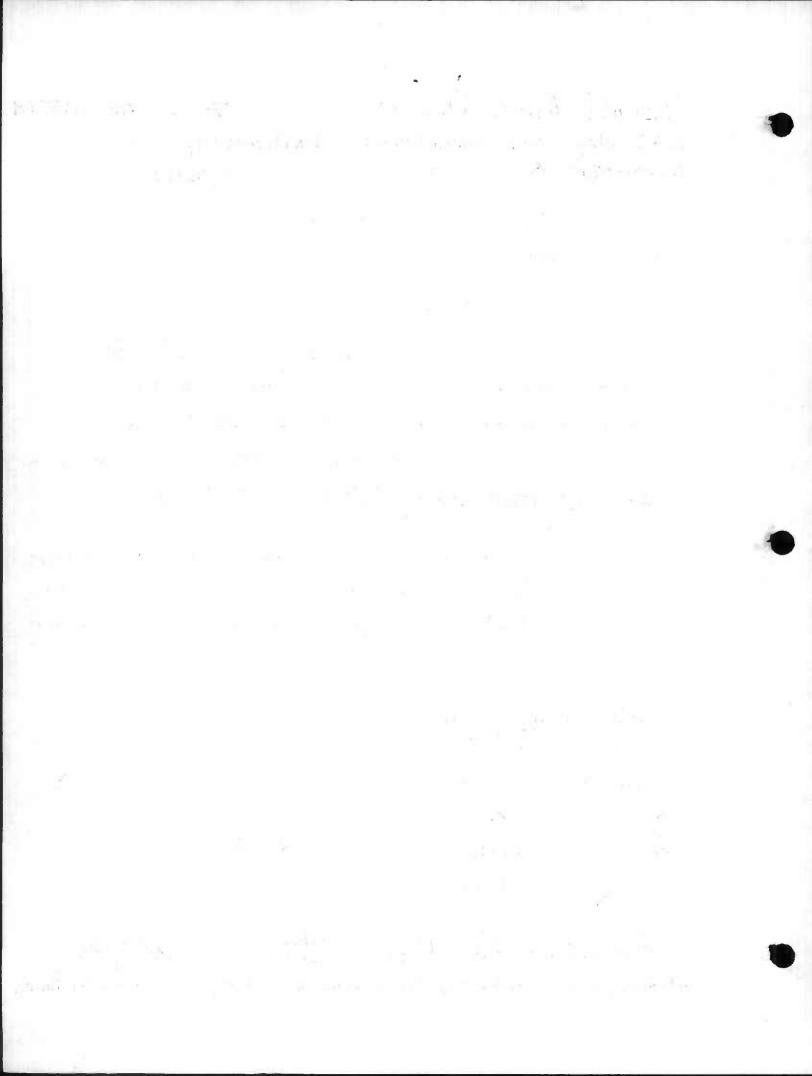


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Deeth Month **Physician** 11:55 PM /Medicai Neme (If not institution, give street and number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner R. A Cow Ley

5. Sociel Security Number Shook I AUMA Lentor n/a 134 Itimore Cit 6. Sex 12 M 2□ F 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funerai** Months Deys Hours 712-80-0758 37 Yrs MD Director Usuel Residence of Decedent the Manylend 10a, Stete 10b. County 10c. City, Town or Location 10d. inside City Limits item 27 le marked other than "natural", or itema 23a or 28a-f ehow other traumetic event, the Modical Examinar must be notified at W Yes 2 □ No Director Harford MD Havre de Grace 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 556 Warren Street 21078 USA permit. Pages 1 end 2 should be filed within 72 hours aftar death 1. Department of Health and Mental Hygiene. Important: If Item 27 ie marked other than "natural" or hearmany injury or other traument. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Bleck, White, etc. 11 Meritel Status 1 X Yes 2 No If Yes, Give Yeer or Detes: 1978-79 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify Specify: à 3 ☐ Widowed 4 ☑ Divorced White Completed 18e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Perry Point VA Elementery/Secondery (0-12) College (1-4or 5+) Maintenances Medical Center 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Joseph Elbert Fallon Ethel Joyce Bryant 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) John F. Fallon - Brother 1634 Gray Place, Baltimore, MD 21222 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - Cify or Town, Stete 1 Buriel 2 Cremetion 3 Removel from State Mt. Erin Cemetery 8/2/96 Havre de Grace, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Servica Licenses 22. Neme end Address of Fecility Mitchell-Smith Funeral Home, P.A Havre de Grace, MD 21078-3197 hans Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medicai Immediate Cause (Final disease or condition resulting in death) **Examiner** Examiner physician and the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Box 68760. Physician/Medical that initiated events resulting in deeth) Last Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yee No 3 Probably 4 Unknown þ 24b. Were autopsy findings sveilable prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed certificata 1 🗆 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 28. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 10 1 Yes 2 No Inpatient 2 ER/Outpatient 3 DOA After this 28e. Dete of Injury (Month, Dey funeral 27. Menner of Deeth he Hospital or Attending Pin 24 hours after death. 28b. Time of 28c. Injury st Work? 28d. Describe how injury occurred Certification: 1 Neturel 5 Pending Investigation 7/19/96 Fell 2 Accident 1 Yes 2 No 6 Could not be 3 ☐ Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide Home Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) and menner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) and menner steted. 29e. Certifier Medical To the I within 2 To the I complet 29d. Dete signed (Month, Day, Year) who completed cause of death (Item 23a) (Type, Print) S. R.A. Owley Shock Trauma Center 32 Registrar's Signeture

State Registrar



State of Maryland / Department of Health and Mental Hygiene 96 23984

V			of Death	7		Reg. No.									
Physician		1. Decedent's Neme (First, Mi	1-				2. Date of Deeth Month Dey		Yeer	3. Time of Deeth					
/Medical Examiner		Shelia 4e. Fecility Neme (If not institu Greater Law				4b. City, Town, o		own, or L urel	July ocation of D	21 oth 4c. Co	ounty of Deeth				
Funerai		5. Social Security Number				. lest birthdey)	If Under 1 Ye	ar If Unde	r 24 Hrs.	8. Dete of B		9. Birthplece (State or Foreig			
Director	L	217-72-1889 Usuet Residence of Decedent	1	□ M 25xF 38 Yrs.			Months De	Min.	01-0	9-58	Nort	rth Carolina			
our me maryland a or 28a-1 show the notified at Director	- 10	10a. State Maryland Prince	ce G	eorge's	10c. C	ity, Town or Lo	ocation	Bowie					10d. Inside City Limits		
23a or 28u ust be not		10e. Street end Number 4005 Emeral		10f. Zip Cod	20716			10g. Citizen of Whet Country? USA							
al', or items		11. Maritel Stetus 1 Never Merried 2 Never Merried 3 Never Merried 3 Never Merried 3 Never Merried 4 Never	12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Year or Detes:			Was Decedent of Yes, specify C	rigin? (Sp an, Puerto	No- 14. Reca - American Indien, Bleck, White, etc. Specify: BLACK							
ygiene. ygiene. nt. The Madical Exami		15. Deced (Specify only hig	ucation 16e. [dent's Usual Oc kind of work do	cupetion ne during mo	st of work	king	16b. Kind of Business/Industry					
than the Me		Elementary/Secondary (0-12	12) Cotte		1-4or 5+)		edent's Usual Occupetion re kind of work done during most of worki DO NOT use retired) Sing Assistant			15		Priva	ate		
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and Mental Hygiene. Is marked other than aumatic event, Inc. To Be Comp	! _	Freddie Lee	Yvonne Mitchell												
Health and em 27 is m other traum		19a. tnforment's Neme/Relation Yvonne Frin		19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 1800 Pittsfield Lane, Bowie, MD 20716											
Department of Health Important: If Item 27 any injury or other tr once.	2	t Playing 2 Cremation 3 December 1 Commenter, crematory or other place)								Date 20c. Location - City or Town, State 7/26/96 Clinton, MD					
Department of important: If any injury or once.	1	22. Name end Address of Fecility J. B. Jenkins Funeral Home													
nysician		23a. Pert1. Enter the disease, or complications that caused the area. Do not enter the mode of dying, such as cardiac or respiretory errest, ehock, or heert feilure. List only one ceuse on each line. Approximate intervel Between Onset and Deeth													
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a o a	F	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.								23b. Did	I tobacco use	contribute t	o the cause of death?		
igned by the a be detached for by Physic		Respiratory		ic shock,					2 No 3 Probably 4 Unknow						
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paga Com		pneumonia								10	Yes 20 N	lo 1[☐ Yes 2☐ No		
s certificate director, pag	2	5. Wes case referred to medie exeminer?	-	Hospitals				AL		h (Check only					
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rs aftar death. al Director: After t ed in by the funera Certification:		3 ☐ Suicide 6 ☐ Coul 4 ☐ Homicide dete	d not be mined	286. Piece	of Injury - AI heng, etc. (Specif	eet, factory, office	e e		28f. Location (Street end Number or Rural Route Number City or Town, State)						
24 hourstand fill	2	29e. Certifier (Check only one): (Check only one)													
To the comp	2	29b. Signature end title of certifier 29											signed (Month, Day, Year) 22, 1996		
6)	3 L	1	n who co	ompleted caus	e of deeth (Item	1 23e) (Type, I A. 620	29c. Lice	001499			29d. Date sl July	gned (Month, 22, 19	Day 96		

DHMH 16 Rev 6/95

Registrar

JUL 25 1996

1 25 May Selection of Secretary

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State of Maryland / Department of Health and Mental Hygiene

23985 Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3 Time of Death Month **Physician** Forrest 8:15 Pm elorise 22 July /Medical 4b. City, Town, or Location of Deeth 4a. Facility Neme (If not institution, giva straat and number) 4c. County of Deeth Examiner SUBURBAN HOSPITAL **BETHESDA** MONTGOMERY 5. Sociei Sacurity Numbar If Under 1 Year If Undar 24 Hrs. 7. Aga (In vrs. last birthday) 8. Data of Birth (Month, Day, **Funeral** Birthplace (State or Foraign Country) 1□M 280 F Months Deys Hours Vear Yrs. Director 236-52-0332 WEST VIRGINIA Usual Rasidance of Dacedani 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 28a-f ahow the Medical Examiner must be notified at Director 1 Yas 2 No D.C. WASHINGTON 10a. Straat and Number 10f. Zip Code 10g. Citizen of What Country? ŏ items 23a 1389 D STREET, N.E. 20002 U.S.A. Funeral deeth 12. Was Decadant Ever in U,S. Armad Forcas? 1 ☐ Yas 2 ☑ No Was Decadent of Hispanic Origin? (Spacify Yes or No If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) Raca - American Indian, Black, Whita, atc. 11. Maritai Status filed within 72 hours after 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 natural, or 1 ☐ Yes 2X No Specify: Specify: BLACK by 3√ Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) Hygiene. Elamantary/Secondary (0-12) Cottaga (1-4or 5+) permit. Peges 1 end 2 should be filed wit Department of Health end Mental Hygiene Important: If tem 27 is marked other tha any Injury or other traumatic event, that once. SECRETARY FEDERAL GOVERNMENT 17. Fathar's Name (First, Middle, Last) 18. Mother's Nama (First, Middla, Maldan Sumama) Be WILMER PATTERSON BEATRICE PATTERSON 19a. Informant's Name/Ratationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) GEORGE C. FORREST 1389 D STREET, N.E. WASHINGTON, D.C. 20002 20b. Place of Disposition (Nama of cematery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Othar (Specify) JUL 29 96 WASHINGTON, D.C. GLENWOOD CEMETERY 21. Signatura of Funarai Sarvice Licenses 22. Nama and Address of Facility
W.H. BACON FUNERAL HOME INC. 276 3447 14TH STREET, N.W. WASH, D.C. 20010 23a. Pert1. Entar tha diseasa, or complications that causad tha daeth. Do not entar tha moda of dying, such es cardiec or raspiratory arrest, shock, or haart failura. List only ona ceusa on aach lina. Approximata Intarval Between Onsat and Death Physician /Medical tmmadiata Ceusa (Final . ACUTE RESPIRATORY DISTRESS SYNOROME disaasa or condition rasulting in daath) Examiner SEPTICEMIA Physician/Medical Examiner physician end s the buriel-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiate ceusa. Entar Undarlying Causa (Disaase or Injury that initiated avants rasulting in daeth) Last Dua to (or as a consequence of) P.O. Box 68760, Due to (or as a consequence of) as use Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown RHEUMATOID Records. þ Completed 24b. Wera autopsy findings evallabla prior to completion of cause of daath? page 2 should 24a. Was an autopsy performed? 2 12 No certificate 1 ☐ Yas 2 ☐ No of Vital Hospital or Attanding Physician: Be 25. Was casa rafarrad to medicel 26. Place of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 1 Yas 20 No topatiant 2 ER/Outpatiant 3 DOA this filled in by the funeral 27. Mannar of Death Data of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Tima of 28d. Dascribe how Injury occurred After t Division 1 Natural 5 Panding invastigation s efter death. 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Sulcida 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital of within 24 hours of To the Funeral D completely filled 15 Cartifying Phyeiclen: To the bast of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. Medical 29a, Cartifier 29b. Signature end titla of certifiag 29c. License number 29d. Deta signed (Month, Day, Yaar) 30. Nama and address of person who complated ceusa of death (Itam 23a) (Type, Print) 11420 ROCKVILLE ROCKUICLE MARYLAND 20852 PIKE #20 31. Data filad (Month, Day, Year)

JUL **2 5 1996** 32 Registrar's Signatura State Registrar

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Section 20 Company of August 2003.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** 8 254 RANCES 20 1996 Juli /Medical 4a. Facility Neme (If not Institution, give street and number, 4b. City, Town, or Location of Deem 4c. County of Death Examiner CLINTON SOUTHERN MANYIAND HOSPITA MINCE 6-Foxla If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number 6. Sex If Under 1 Yeer 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Deys Months 1 □ M 2 🖾 F Yrs Director 577-16-0849 83 July 12, 1913 Washington, D.C. Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic svent, the Modical Examinal maint on notified at 1 X Yas 2 □ No Director District of Columbia Washington 10f. Zip Code 10e. Street end Number 10g. Citizen of What Country? permit. Peges 1 and 2 should be filed within 72 hours after deeth with I Department of Health and Mental Hygiene. Important: If item 27 is merked other them "natural", or Items 23e or any hilty or other traumatic svent, Ite Montal Examins. 3298 Fort Lincoln Drive 20018 Funeral United States 12. Wes Decadent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Maritel Stetus 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ₺ No Specify: þ 3 Widowed 4 Divorced Black Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Induatry Elementery/Secondary (0-12) College (1-4or 5+) Government Retired Key Punch Operator 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Abraham Coles 2 Genevieve Collins 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joyce F. Bagley - Daughter 1780 Forest Park Drive, Forestville, MD 20747 20b. Plece of Disposition (Name of cometery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Lincoln Memorial Cemetery 7/29/96 22. Neme end Address of Fecility any ir STEWART FUNERAL HOME, Inc. 4001 Benning Road, N. E., Washington, Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximete interval Betw Onset end D **Physician** /Medical Immediete Ceuae (Final diseese or condition resulting in deeth) Examiner Physician/Medical Examiner attending physician and for use as the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated eventa resuiting in deeth) Last to (or as e consequence of): Division of Vital Records, P.O. Box 68760. as e consequence of) signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by been si 24b. Were autopsy findings evellable prior to completion of cause of death? Completed 24e. Wes en autopsy performed? s certificate has t director, page 2 s 2 12 No 1 ☐ Yes 1 Yes 2 No or Attending Physician: director. 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 No Certification: To 1 ☐ Yes 2 ☐ ER/Outpetlent 3 ☐ DOA this funerai 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturel 5 Pending investigation death. 1 ☐ Yea 2 ☐ No ector: 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide n 24 hours after Funeral Dire sietely filled in b Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, and due to the cause(a) end menner es atated.

2 Madical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, date and pleca, and due to the cause(s) end menner steted. 29e. Certifier Medicai within 24 ho To the Fune completely fi (Check only one) 29b. Signetyre end title of pertifier 10 30. Name and eddresa of person who completed cause of death (Item 23a) (Type, Print) 7700 010 LAXMI BEAWA BLANCT 31. Dete filed (Month, Day, Year) Registrar's Signatur

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death

If Undar 1 Yaar

7. Aga (In vrs. last birthday)

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	98

1996

4c. County of Death

MONTGOMERY

2. Data of Death

JULY

4b. City, Town, or Location of Death

SPRING

SILVER

26,

3 Time of Death

2:30 AM

Funeral death with the Maryland ahow r than "natural", or items 23s or 28s-f ahove the Medical Examiner must be notified at filed within 72 hours after el Hygiene.

Physician

/Medical

Examiner

1. Decedent's Nama (First, Middle, Last)

5. Social Security Number

Samuel Goldstein

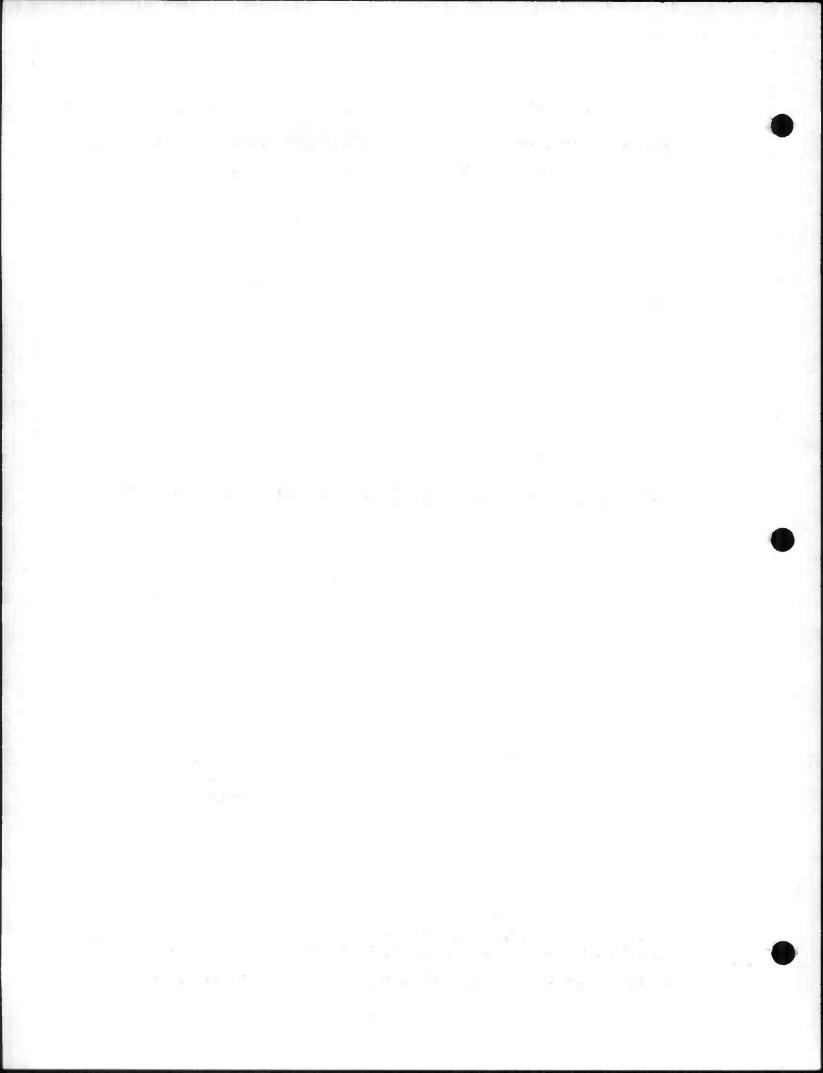
FAIRLAND NURSING HOME

4a. Facility Nama (If not Institution, giva street and number)

6. Sex

If Undar 24 Hrs. Hours Min. Birthplaca (State or Foreign Country)
 NEW YORK 8. Data of Birth (Month, Day, Year) Days 10 M 2□ F Months 82 578-10-4375 Director JULY 3, 1914 Usuai Rasidanca of Decedant 10a. State 10b. County 10c. City. Town or Location 10d. inside City Limits 1 Yas 2 No Directo MARYLAND MONTGOMERY OLNEY 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 18328 QUEEN ELIZABETH DRIVE 20832 UNITED STATES Funeral Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 12. Was Decedant Evar in U,S. Armed Forcas? 1 0 / 2 14. Race - Amarican Indian. TOYas 2□No 1942/ Black, Whita, atc. 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 Specify: WHITE 1 ☐ Yas 2 ☑ No Specify: 1943 à 3√XVidowed 4 □ Divorced Year or Dates: Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 12 POSTAL WORKER POST OFFICE permit. Peges 1 and 2 should be filk Department of Heelth and Mentel. Hy Important: If Item 27 Ia marked oth any Injury or other traumatic event 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be HYMAN GOLDSTEIN SARAH (UNOBTAINABLE) 19a, Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) LARRY GOLDSTEIN (SON) 18328 QUEEN ELIZABETH DRIVE - OLNEY, MARYLAND 20832 20b. Place of Disposition (Nama of 20a. Mathod of Disposition 20c. Location - City or Town, Stata cematary, crematory or other place) 1 ☐ Burial 2 ☐ Cramation 3 ☑ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) NEW MONTEFIORE CEMETERY 7/28/96 PINELAWN, NEW YORK 21. Signals Funeral/Service Licensee 22. Nama and Addrass of Facility DANZANSKY-GOLDBERG MEMORIAL CHAPELS 23 Part | Enter the disease, or complications that caused the death. Do not enter the mode or oying, such as carollac or respiratory errest. | MD 20852 | Approximate interval Between Onset and Death **Physiclan** /Medical Immediata Causa (Final Viral Pneumonitis 24 hrs disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of): Examiner Hypertensive Cardiovascular Disease years physiclen and s the buriel-transit that the death certificate be executed Sequentially list conditions, if any, laading to immadiata cause. Enter Undarlying Cause (Disaase or Injury Dua to (or as a consequence of): Cerebrovascular Disease years P.O. Box 68760, Physician/Medical that initiated evants rasulting in death) Last Dua to (or as a consaquanca of): Seizure Disorder years USB BS ettending p ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 Yes 2 No 3 Probably 4 Unknown Osteoporosis Records, à 24b. Wera autopsy findings available prior to complation of cause of death? been si Completed 24a. Was an autopsy performed? Renal Insufficiency page 2 has 1 ☐ Yas 2 No 1 Yas 2 No certificate Division of Vital 25. Was casa reterred to medical Be 28. Placa of Death (Check only one) examinar? Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: Affer Attending 1 Naturat 5 Pending invastigation Injury death. 1 ☐ Yas 2 ☐ No ne Hospital or Attending 24 hours effer death Puneral Director; A 2 Accident filled in by the 3 Sulcida 6 Could not be detarmined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

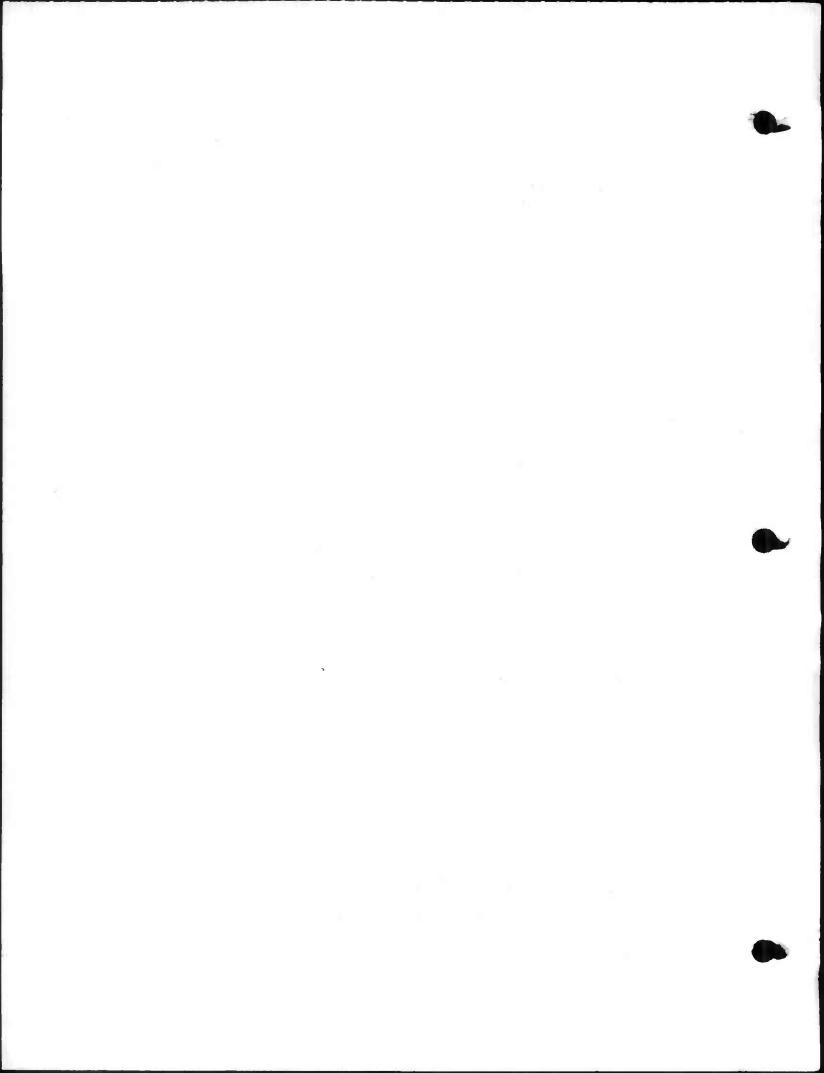
| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. cai 29a. Cartifler To the Hosp within 24 hos To the Fune completely fi Medic 29b. Signature and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) D42618 July 26, 1996 0 malin 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) Patricia S. Armstrong, M.D. 14440 Cherry Lane CT., #100-Laurel, MD 31. Data filed (Month, Day, Year)
JUL 3 0 1996 39. Ragistrar's Signature State a Davidson-Randell Registrar **DHMH 16 Rev 6/95**



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the model. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
O THE HOSPITAL OR ATTEN	0 THE FUNERAL DIRECTOR: e filed within 72 hours after	WPORTANT: If Item 28 Is	

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF		MENTA	HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF OEATH			3. TIME OF DE	ATH
	Doro thu	Baker	6	ricci+	h	MONTH	4 3	**	96	650	Δ μ
			yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	TE BIOTH			PLACE (State or	Foreign
	231-14-8462 1 9a. FACILITY NAME (If not institution, give street		01 YRS.	MONTHS DAYS	NOURS MIN.		20,18		Virg	inia	
Œ	Collingswood Nursin	g and		9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUN	TY OF D	EATH	
DIRECTOR	Collingswood Nursin Rehabilitation Ce RESIDENCE OF DECEDENT	nter		Rockvi	.11e			Mont	gome	ery	
Æ	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCA	TION					10d. INSIDE CI	TY
ā	Maryland Montg	omerv	W	heaton						LIMITS?	ON S
AL	10e. STREET AND NUMBER				of. ZIP CODE	-		10g. CITIZ	EN OF W	HAT COUNTRY	
FUNERAL	2813 Harris Avenue				2090)2			U.S.	Α.	
D.	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN	U.S. ARMED		CENDENT OF HISPA				14. RACE	- American In	dlen,
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	TES NO		pectfy Cuban, Maxico S 2 NO Specif		lican, etc.)	- 1	Speci	, White, etc. ly:	
										Whit	e
COMPLETED	15. OECEDENT'S EDUCATI (Specify only highest grade com	ON ipleted)	16e. DECEDENT'S U	SUAL OCCUPAT ork done during m retired.)	ON ost of working	16b.	KIND OF BUS	SINESS/INDI	USTRY		
7	4 4	college (1-4 or 5+)									
ME	12		Welder				nip Ya				
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	_		Surname)			
BE	James Miller 190. INFORMANT'S NAME (Type/Print)				Emma						
2	TOTAL PERSONAL PROPERTY.				and Number or Rural						
	Faye L. Braun				venue W	7				20902	
	1 Buriel 2 Cremetton 3 Ramoval	from Stata come	PLACE AND DATE O stery, cremetory or off etropoli	F DISPOSITION (A er place)	eme of	DATE		CATION C			
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE		etropoli			1/31	/ 96 A.	Lexand	dria	,Virgi	nia
	12/ 15/	7		Franc	ND ADDRESS OF FA	llins	Fune	ral H	lome,	Inc.	
	Pescer 2/10	2msen			niversit					.,MD 2	0901
	23. PART I. Enter the diseasea, Dr cpm shock, Dr heart fallure. List	plications that seused	the death. Do no	ot enter the m	ode of dying, suc	ch aa card	lac Dr reapi	ratory arre	at,	Approxi	meta Batween
	IMMEDIATE CAUSE (Final										nd Daath
	disease or condition resulting in death)	Cerebra	The	om bo.	515					130	ays
		DUE TO (OR AS A	CONSEQUENCE OF	1							1
N	Sequentially list conditions,	Cerebro			scieros	15				1104	ears
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	:						3	- 1
5	CAUSE (Disesse or Injury C.	DUE TO (OR AS A	CONSEQUENCE OF								
Ē	that initiated events resulting in death) LAST			•						i	- 1
8	d										
AL	PART II. Other aignificant conditions or	ontributing to death bu	t not resulting in	the underlying	g cause given in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY	
8	Progressive d	ementia					1 TES 2	-		COMPLETION OF DEATH?	
ME							•			1 TES 2	NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB			ON D		Ν□					`
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	8. PLACE OF DEATH	(Check only one							
YS		tnpetient 2 ER/Outpe		4 Mursing Hor	ne 5 🗆 Residence	6 🗆 Other	(Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME INJU	RY W	JURY AT ORK?	26d. DES	CRIBE HOW IN	JURY OCC	URED		
B	2 Accident investigation			M 1 🗆							
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special	— At home, term, st (y)	reet, factory, offi	ca .		TION (Street a v Town, State)	nd Number (or Rural R	oute Number,	
COMPLETED	an arminen h										
AP.	(Check only 1 CERTIFYING PHYSICIAN	: To the best of my knowle									
Ö	2 MEDICAL EXAMINER: O	n the basis of examination	and/or Investigation	, in my opinion,	death occured at the	time, data	end place, end	d due to the	cause(e)	and menner es	stated.
BE (286 SIGNATURE AND TITLE OF CERPETER	2100			29c. LICENSE NUI	MBER	Ī	29d. DATE	SIGNED	(Month, Day, Yea	r)
2	Samo	N/100	-	mD	072	31		1	ulu	31,19	96
-	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA		Print)		. 1 /					
	James 11.1110	Dre dr. 20	7 Brow	4es Al	re Gai	the	rsbur	9 8	カレ	2087	77
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE		-			7			
	AUG n 1 1996	a Lay	doon-Randa	06							



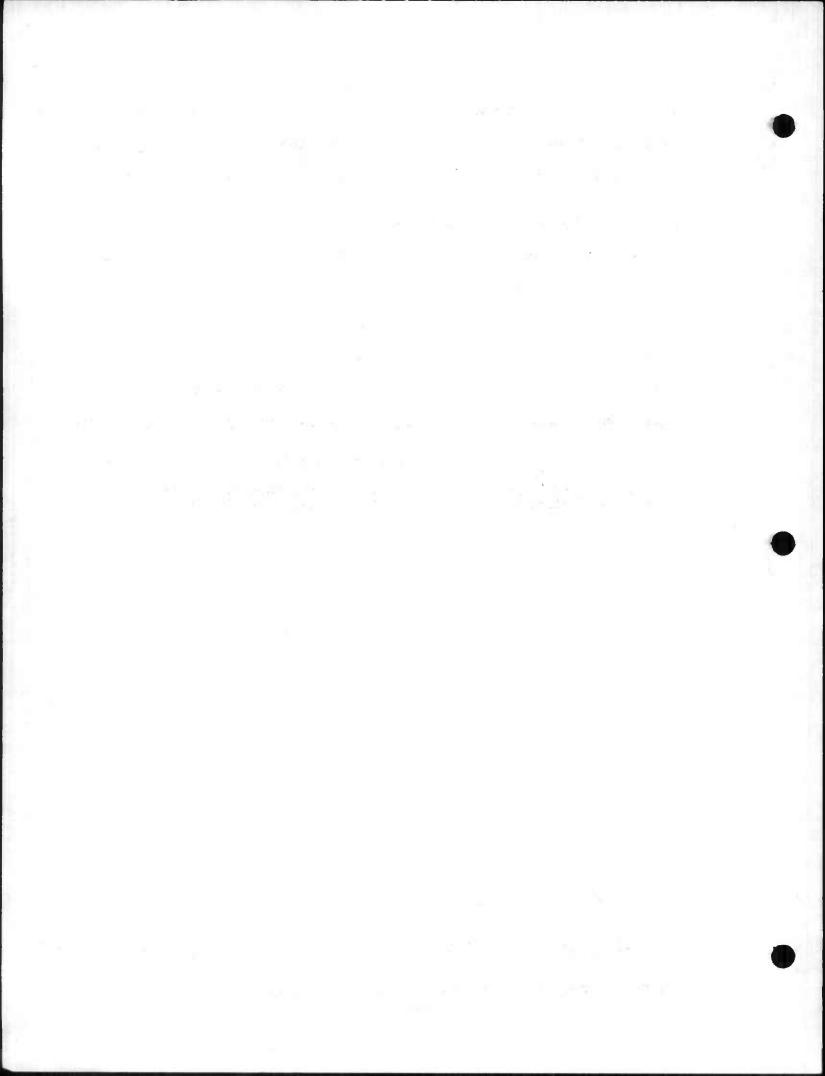
State of Maryland / Department of Health and Mental Hygiene

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Physiciar /Medica Examined Examined Funeral Director	il r	1. Decedent's Neme Harry 4a. Facility Name (h Manor Ca 5. Social Security N 577-24-9	not institution, g	GO10	dman _{Imber)}			4b. City, To	own, or Lo	2. Dete of Domestin Month July ocation of Dee	30, 1996		3. Time of Deeth 6:30 am
/Medica Examined Funeral Director	il r	4a. Facility Name (h Manor Ca 5. Social Security N	re Fern	rive street and no				4b. City, To	own, or Lo	July	30, 1996	5	6:30 am
Examined Funeral Director	r	4a. Facility Name (h Manor Ca 5. Social Security N	re Fern	rive street and no				4b. City, To	own, or Lo				0:30 alli
Funeral Director		Manor Ca 5. Social Security N	re Fern		3007.6			111111111111				1077	
Director		5. Social Security N		wood				Dath			30		
Director				Sex	7. Age (In yrs.	last hirthday)	If Under 1 Yes	Bethe	r 24 Hrs.	9 Date of Bi		omery	
how #	-			15√M 2□ F		Yrs.	Months Dey		Min.	8. Dete of Bi (Month, D		S. Birthple	ace (Stete or Foreign ry)
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23a or 28a-f	_		•		100. 01	ty, rown or co	ALION					10	d. Inside City Limits
out be no	2	MD	Montgo	mery	Bet	thesda							1 Yes 2 No
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river my	ē	11. Maritel Stetus		12. Wes Dec	edent Ever in U	I,S. 13. V	Ves Decedent o Yes, specify Co	f Hispenic O	rigin? (Sp	ecify Yes or N		e - America	
ů,	Ž	1 Never Merri	ed 2 Merried	Armed F	orces? 2 ☐ No				in, Puerto	Rican, etc.)	Ble	ck, White, et	
	Ò	3 Widowed		If Yes, G Yeer or I	ive	1	☐ Yes 2区N	o Specify	"		Specif	y: Whi	te
			15. Decedent's			16a Deced	ent's Usuel Occ	upation			16b. Kind of B	uninger/lade	unto.
Re Completed		(Spec	ify only highest g	rade completed,		(Give	kind of work dor OO NOT use reti	e during mo	st of work	ing	TOD. KRIG OF B	usiness/inuc	ustry
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18	3	12				R	etail					iquor	
Be	0	17. Fether's Neme (st)				18. Moth	er's Nem	e (First, Middle	e, Meiden Sumer	ne)	
5	2	Jacob G	o1dman					Fr	ieda	Tois	ner		
Ι.		19e. informent's Ne	me/Reletionship	(Type, Print)		19b. Mellin	g Address (Stre	et end Numt	per or Run	ai Route Numi	ber, City or Town	Stete, Zip C	Code)
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	-	20e. Method of Disp			20b. I	Plece of Dispos	sition (Neme of		J	Dete	20c. Location		
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	+	23a. Pert1. Enter the shock, or hees	e disease, or co	mplications that	caused the deel	th. Do not ente	or the mode of d	Ving. such es	s cardiac	or respiretory	ville MI	2085	Approximete
		shock, or hee	t feilure. List on	y one ceuse on	eech line.								Approximete Interval Between Onset and Deeth
an al		Immediate Cause (Final			1	1	*	- /	10		1	10
er		diseese or condition resulting in death)	1	e ne	cur	ent	nne	NU	WH	chi	res	1	war Kg
■.	.	rooding ar doding			Due to (or es a consequ	uence of):		4		ŕ	1	
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ladical Examir	3	resulting in deeth) L	ast		,	3		-					•
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7	2									1			
Physician	2	Pert II. Other eignifi	cant conditions	contributing to d	eath but not res	uiting in the un	denying cause	given in Pert	I.				the cause of death?
										1□	Yee 2 No	3 Probe	ably 4 Unknow
2	2				***								
Completed											s an autopsy formed?	avei	re eutopsy tindings ilable prior to
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Jun O	5										Vac all		
		OF 141	. 4	1							Yes 2 100	10	Yes 2□ No
a	2	25. Wes case referr examiner?	/	Hospitel:				Talk a	e of Deet	h (Check only	one)		
٢		1 Yes 2		10		ER/Outpatient	3 DOA				idence 8 Ott)
Certification:	5	27. Menner of Deeth 1 Deaturel	5 Pending	28a. Dete (Mor	of Injury oth, Dey Year)	28b. Time of Injury	28c. in			28d. Describe	how injury occur	red	
a		2 Accident	Investigati				M 1	☐ Yes 2 ☐] No				
ficat		3 ☐ Suicide 4 ☐ Homicide	6 Could not determine	d 289. Piec	of Injury - At h		et, fectory, offic	8			(Street end Numi	ber or Rural	Route Number,
d	5	4 🗆 Hollicide	4	build	ing, etc. (Specil	y)				City or To	wn, Stete)		
		29e, Certifier	1 Certifying F	hysician: To the	a bast of my kno	wledge deeth	occurred at the	time dete o	nd olece	and due to the	ceuse(s) end m	annor an olo	atod.
-	3		2 Medical Ext	aminer: On the b	asis of examine	ition end/or Inv	estigetion, in my	oplnion, de	eth occurr	red at the time	, dete and place,	and due to t	the ceuse(s)
lical (K I	29b. Signeture end	itle of contiller	ani Di na	ner steted.		one tie-	nea number		1	20d Date start	d (Manth O	lov Voe-1
Medical	-		Tier or certifier		11		290, LICE	nse number			29d. Dete eigne	a (Wonth, D	rey, redr)
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edical	-) 9	rough	u III	MAMA	u		1/20		1	June	V) U	. 19.6
edical		30. Neme end addre	ss of person who	o completed cau	se ot death (Iter	n 23a) (Type. F	Print)	1182			Jung	30	. 1916
Madical		30. Neme end addre			,			1/83			Jung	30	. 1916
pietery III		30. Name and address Frauke We	estphal	809 Vi	se ot de ath (Iter ers Mil Registrar's Signe	1 Rd. F		le MD	2085	2	Jung	30	. 1916

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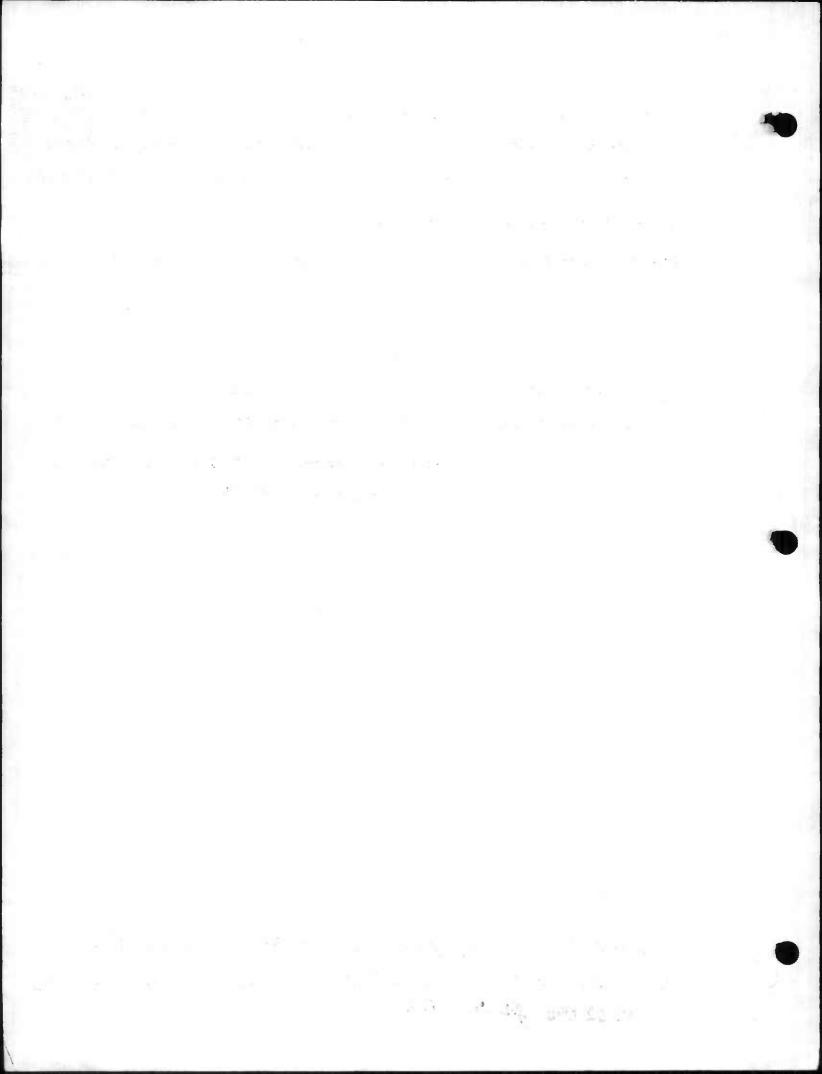
							Ce	rtific	cate of	Death			Reg. No.		
	5.		1. Decedant's Nama (First, Mid	idla, La	st)							2. Deta of Dea		V	3. Tima of Death
	Physic /Medi			L	EON PA	UL		GA	NGLEF	2		JULY	31	1996	2:50 PM
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	e Adiiii		Memorial	НС	spita	1 at	Easton			East	n n		Ψэ	lbot	
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	Director		217-26-0703	1	M 2□ F		83 Yrs.	Mon	iths Days	Hours	Min.	JAN . 5	, 1913	Cou	place (Steta or Foraign ntry) N.Y.
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	yland		10e. State 10b. Cour	ty		10c.	City, Town or L	ocation			-				10d. Insida City Limits
	Mar	ō	MARYLAND	T	ALBOT		EA	STC	N						1 ☐ Yas 2 💆 No
	1 the	Director	10e. Street and Numbar					101	f. Zip Coda				10g. Citizan o	f What Cou	ntry?
	3a o		8 CURZON C	г.,	HYDE	PARK				2160	1			USA	
	ter death with the Marylan Kerns 23a or 28a-f show Inc. mats be nothed at	Funeral	11. Marital Status		12. Was Dece		n U.S. 13.	Was D	ecedent of			pecify Yas or No-	14. R	eca - Amari	cen Indian.
	The factor	F	1 □ Never Merried 2 M	arried	Armed Fo						, Puarti	pecify Yas or No- p Rican, etc.)	В	leck, Whita,	atc.
21215-0020	hours effer death with the Manyand urat', or items 23a or 28a-f show at Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorc		1 DYas If Yes, Giv Yeer or D	atas: WW	II	1 🗆 Ya	as 2 No	Specify:			Spec	olfy: W	HITE
Ģ	72 hours "netural",		15. Deced	ant's Ed	ucetion	-	16a. Dece	dant's	Usuel Occu	pation			16b. Kind of	Business/In	dustry
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21	iene. then "	E	Elementary/Secondary (0-12 1 2)	Collega (1	I-40r 5+)	RA	ILE	ROAD	INSPE	СТС	OR	RAILE	ROAD	
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lan		To Be			LEON F	GA	NGLER				1	ELIZABE	тн но	RNAK	
Maryland	d 2 should th and Men 7 is marke trsumatic	-	19a. Informant's Name/Ralatio					lna Ada	irass (Stree	t and Numbe		ral Routa Numbe			Code)
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Baltimore,	Pages nent of I int: If its		1 ☐ Burial 2 🎇 Cramation			Stata CF	cematary, cra	matory KF:	or other pla	ace) ∥ATT∩i	N !	0 0			
₫	permit. Page: Depertment of Important: If i any injury or ofice.		4 Donetion 5 Other				ENTER, 2					8-2	CHEST	ER, N	AD .
Ba	Depe Impo any I		21. Signature of Funaral Sarvice	e Licen	See							DETM C	NI IPIGANI A	M DII	MEDAT HOM
	40240		JOHN F	٧	MERC	ERS	ء ہے	ひひ	LOMP'	DDTC	EM.	CT T	NEWNE	T MD	NERAL HOM
Н			23a. Part1. Entar tha disaasa, shock, or haart tallura. Li	or comp	olicetions that c	aused tha d	eath. Do not an	ter tha	mode of dy	ing, such as	cerdiac	or raspiratory ar	rast,	1110	21-601 Approximata intarval Between
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≥	Arec Are in by	T.	4 ☐ Homicida data	mined	26a. Place buildii	of injury - Ang, atc. (Spe	it homa, farm, st ecify)	reat, fa	ctory, office			City or Tow		nber or Hun	al Routa Number,
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	To the Hospital or Attending Physician: The I within 24 hours effect death. To the Funeral Director: After this certificate his completaly filled in by the funeral director, page	Med	one)		end mann	nar stated.									
	5 × 5 %		29b. Signetura end title of certif	ar			0 -		29c. Lican	sa numbar	0-	,	29d. Data sign	ied (Month,	Day, Year)
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			30. Nama and addrass of perso	n who c	completed ceus	a of daath (I	tem 23a) (Type,	Print)							
_			RUSSELL A.	SC				.0.	BOX	339,	CI	ENTREVI	LLE,	MD 2	1617
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	Registi	ar	AUG .	- 21	996	rina 1	Tavidson-A	ande	200						

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State of Maryland / Department of Health and Mental Hygiene 96

						Certificate of	Death		Reg. No.		.055.
			1. Decedent's Name (First, Middla, Li	ist)				2. Data of D	Peath Day	Year	3. Tima of Death
1	Physici Medie		WILLIAM	n J.	6	RABILL		Jul.	17 1	996	1:00 AA
1	Examir		4a. Facility Nama (If not institution, gir	re street and number)			4b. City, Town,	or Location of Dea	th 4c. County	of Death	
			Washington Adv	entist			Takoma	Park	Montgo	mery	County
	Funeral			Sax 7. Age	(In yrs. last b	Months Day		Irs. 8. Data of B in. (Month, L	irth Day, Year)	9. Birthple	ace (Stata or Foraign
	Director		219-82-6599	IZUM ZUF	34	Yrs.		Octobe	r 12,1961	Wash	hington,D.C
	pue *		Usual Residence of Decedent 10a, Stata 10b, County		10c. City. To	wn or Location				10	Od. Inside City Limits
	aho aho	5	Maryland Prince			verdale					1 ☐ Yes 2 ☐ No
	28e	Director	10e. Street and Number	George S	KIV	10f. Zip Code			10a. Citizen of W	Vhat Count	rv?
	with page	급		D 1		200			United S		•
	feeth	Funeral	4910 Queensbury	12. Was Decedent E	var in U,S.	13. Was Dacedant of If Yes, specify Cu	20737 Hispanic Origin?	(Specify Yas or N		e - Amarica	
0	72 hours efter deeth with the Meryland natural", or Nema 23a or 28a-f show plea Exament must be notived at	F	1 ☑ Never Married 2 ☐ Married	Armed Forces? 1 ☐ Yes 2 ☒ N	0			erto Rican, etc.)		k, White, e	itc.
020	urs e	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		1 ☐ Yes 2 ☒ No	Specify:		Specify	Whit	e
21215-0020	n 72 hours "natural", edical Exa	Completed	15. Decedent's E (Specify only highest gr	ducation	16	a. Decedent's Usual Occi	upation	working	16b. Kind of Bu		
21	C	ple	Elementary/Secondary (0-12)	College (1-4or 5-	H)	(Give kind of work don life. DO NOT use retir	ed)	TOTATING			
2	THE R. LEWIS CO., LANSING, MICH.	S	10			Carpenter			Construc		
Pu	tal tal	Be	17. Father's Name (First, Middle, Last						la, Maiden Sumam	a)	
yla	Men Men mrke	2	Cecil Robert Gr					Smith			
Maryland	s 1 and 2 should be filed within if Health and Mental Hygiene. Item 27 is marked other than other treumatic event, in a Mental treumatic event, in a Mental treumatic event, in a Mental treumatic event, in a Mental treum		19e. Informant's Neme/Relationship			b. Mailing Address (Street					
	Health em 27		Cecil R. Grabi	II, Jr.		4910 Queensb	oury Koac				
O	Pages nent of hint: If ite		1 ☑ Burial 2 ☐ Cramation 3 [Removal from State	cemal	ary, crematory or other p	lace)	Date	20c. Location -		
ij.	tmer tant:		4 □ Donation 5 □ Other (Speci		Fort	Lincoln Cen		7-22-96	Brentwoo	d, Ma	iryland
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other to once.		21. Signature of Funeral Sarvice Lice	nsee	~	Fort Line		ral Home	2		
-	00200		Qua x y	Dunson)	3401 Blad	ensburg	Rd., Bre	entwood,	MD 20	
			23e. Pert 1. Enter the diseese, or con shock, or heart failure. List only	plications that caused to one cause on each line	the death. Do e.	not antar tha mode of d	ying, such as card	diac or raspiratory	arrast,		Approximate interval Between Onset and Death
d	Physician /Medicai		immediate Cause (Final	1							onset and beating
	Examiner	-	disaase or condition resulting in death)	a. H	105	10.1.1111					8 years
		<u>ē</u>			Due to (or as a	a consequence of);					
	icate be executed physician and s the burial-transit	Medical Examiner	Sequentially list conditions	b	Due to (or as a	a consequence of):					
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0	e deeth the atten hed for u	Physician/	Part II. Other significant conditions	contributing to death bu	t not resulting	In the underlying cause of	jiven in Pert i.	23b. Di	d tobacco use cor	tributa to	the cause of death?
9	thet the ned by th deteche	F						t [Yes 20 No	3 Prob	ably 4 Unknown
Records,	signe bed b	l by		~						0.4h 14/a	ore autopsy findings
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e	F es a							10	Yes 2 No	1 🗆	Yes 2□ No
Vital	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical examiner?	Hospital:			ther:	Death (Check only			
of	Phys this ral di	T.	1 ☐ Yes 2 ☑ No 27. Menner of Death	1 L Inpatier		Julpatient 382 DOA	4 U Nursin		sidence 6 Other		9
O	lending Ph eath. or: After th the funeral	tion	1 Natural 5 ☐ Pending	28a. Date of Injury (Month, Day	Year)	injury W	ork? □ Yes 2 □ No	200. 000010	s now injury occurr	60	
Division	I or Attending of effer death. Director: After din by the fune	fica	3 Suicide 6 Could not b		rv - At home			28f. Location	(Straet and Number	er or Rurai	I Route Number
S	effer affer Direct	Certification:	4 Homicide	building, etc.	(Specify)	lam, street, factory, office	-	City or T	own, State)		
	To the Mospital or Att within 24 hours effer of To the Funeral Direct completely filled in by		29a. Certifier 12 Certifying Pl	nyaiclan: To the best of	my knowledg	ge, death occurred at the	time, date end pla	ace, and due to th	e cause(s) end me	nner as str	eted.
	Me Ho	edicai	(Check only 2 Medical Examone)	ninar: On the basis of a and manner stat	axamination a	nd/or investigation, in my	opinion, deeth or	ocurred et the time	e, date and placa, a	and due to	the cause(s)
	withii To the	×	29b. Signature and titla of cartifier			29c. Licar	nsa number	43	29d. Date signed	(Month E	Day, Year)
			Jom O. Kon	marla	nt.	NO D-	2006	X	JULY	18;0	1996.
1	31		30. Neme and eddress of person who	completed cause of de	eth (Item 23a	16 St,	. 0				
7	/		TONY P. KANN	ARKAT	8201	16"St	SITVER	SPRIN	G MAR	YLAN	0 20910
	Sta		31. Date med (Month, Day, Year)	2, Hegistre	's Signature	alath		1	,		
	Registr	ar	JUL 2 3 199	2 June							

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death 40 (JITOU) Juli AM 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death SUBURBAN HOSPITAL Bethesda Montgomery If Under 1 Yeer | If Under 24 Hrs. 6, Dete of Birth
Months | Days | Hours | Min. | (Month, Day, Year) 7. Age (In yrs. last birthdey) 5. Social Security Number Birthplace (Stata or Foraign Country) Days 1 M 200 578-54-8265 95 Yes Aug. 21, 1900 Washington, D.C. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 □ No District of Columbia Washington 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 1928 Bennett Place, N. E. 20002 United States 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specity Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 Yes 2X No If Yes, Give Year or Detes: 1 Never Merried 2 Married Specify: Black 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Spacify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Retired Machine Operator Government 17. Father's Neme (First, Middla, Last) 18. Mother's Name (First, Middla, Maiden Surnama) Fannie Barnes Luigi Occionero 19a, Informant's Neme/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Audrell E. Galery - Niece 1614 Monroe Street, N.E., Washington, D.C. 20018 20b. Plece of Disposition (Nama of cematary, cramatory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 XBuriai 2 Cremation 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Lincoln Cemetery 7/26/96 Brentwood, MD 21. Signature of Funeral Service Licenses 22. Neme and Address of Facility STEWART FUNERAL HOME. Inc. D. C. 4001 Benning Road, N. E., Washington, Art1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, hock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) BILATERM PNEUMONIA - SEPSIS . URINARY 7-10011) INFECTION-SEPSIS Due to (or as a consequence of) Sequentially list conditions, If any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of) Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 No 3 | Probably 4 | Unknown 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Wes en eutopsy 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Tyes 2 No 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, end due to the cause(s) end manner as steted. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

729256

21, 1991

Box 68760. P.O.

detached signed by t Division of Vital Records. peen certificate has page 2 director. this funeral After Attending or Attending after death. Director: Aft Hospital 24 hours a 24 hours

Physician

/Medical

Examiner

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinar must be notified at

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if Item 27 is marked oth any injury or other traumatic event 2008.

Physician

/Medicai

physician and the burial-transit certificate be executed

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Examiner

filed within 72 hours after death with the Maryland

Baltimore, Maryland 21215-0020

Hanes

10a. State

11. Marital Status

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Completed

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Physician/Medical

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Certification:

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31. Date filed (Month, Dey, Year) JUL 2 5 1996

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27. Manner of Deeth

1 Metural

2 Accident

3 Sulcide

29a. Certifier

4 Homicide

(Check only one)

32 Registrar's Signeture all Muchan Realest

43 43 HONIGOTICHY BU SETHOUR MD

MD

30. Name and addrags of person who completed cause of death (Item 23a) (Type, Print)

DHMH 16 Rev 6/95

and the second

State of Maryland / Department of Health and Mental Hygiene O.C.

										rtificate				iciliai i iy	Reg. No.	9	0	20	993
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	Funeral Director		5. Sociel Security N	lumber	6. Sex 120 M 20	7		yrs. lest birth		If Under Months	1 Yeer Deys	If Unde	r 24 Hrs. Min.	8. Dete of Bir (Month, De	rth sy, Year)		9. Birth	olece (Si	tete or Foreign
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Division	or Attending effer death. Director: Affer I in by the fune	Certification:	3 ☐ Suicide 4 ☐ Homlcide	6 Could determ		Piece o	of Injury - A	At home, fem	n, str	eet, fectory,	office			28t. Location (Street en	d Numbe	er or Run	al Route	Number,
	o effect	le d	4 CI HOMICIOS			ounding	g, etc. (Sp	өспу)						City of 10	wii, Siele,	,			
	To the Hospital or Attanding Physician: The law within 24 hours effer death. To the Funeral Director: Affer this certificate has completely filled in by the funeral director, page 2		29e. Certifler	Certifyin	g Physician:	To the b	est of my	knowledge, d	leeth	occurred e	t the ti	lme, dete a	nd pleca,	end due to the	cause(s)	end mai	nner as e	tated.	
	Ho Fu letel	edicai	(Check only one)	2 Misdical	Examiner: On	the bas	is of examer steted.	ninetion end/	or Inv	estigetion,	in my	opinion, de	eth occurr	ed et the time,	dete end	piace, a	and due t	o the ca	use(s)
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Registrar

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JUL **25** 1996

DHMH 16 Rsv 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Deeth July 15, **Physician** 1/266 Day 1996 N60 7:47 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Southern Maryland Hospital Clinton Prince George's 7. Aga (In yrs. last birthday) | If Undar 1 Yaar | If Undar 24 Hrs. | 8. Data of Birth | 7. Aga (In yrs. last birthday) | If Undar 1 Yaar | If Undar 24 Hrs. | 8. Data of Birth | 7. Aga (Month, Day, Year) | 7. Aga (In yrs. last birthday) | 1. Aga (In yrs. last birthday) | 1. Aga (In yrs. last birthday) | 1. Aga (In yrs. last birthday) | 1. Aga (In yrs. last birthday) | 1. Aga (In yrs. last birthday) | 1. Aga (In yrs. last birthday) | 1. Aga (In yrs. last birthday) | 1. Aga (In yrs. last birthday) | 1. Aga (In yrs. last birthday) | 1. Aga (In yrs. last birthday) | 1. Aga (In yrs. last birthday) | 1. Aga (In yrs. last birthday) | 1. 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Armed Forces? 1 ☐ Yas 220 No If Yes, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. 1 Navar Married Married permit. Pages 1 and 2 should be filed within 72 hours eft Department of Heelth and Mental Hygiene. Important: if frem 27 is marked other than "natural", or any Injury or other treumatic away. Baltimore, Maryland 21215-0020 1 ☐ Yas A No Specify: Black. à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coilega (1-4or 5+) Maintenance Airlines 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be Mingo Gregg Mary Echles 2 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Jery Gregg 3110 Mount Vernon Ave #603 Alex, 20b. Place of Disposition (Nama of 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata Bether Cemetery 1 ☐ Burial 2 ☐ Cremation XXRamovai from Stata 7/16 Alexandria, 4 ☐ Donation 5 ☐ Other (Specify) 814 Frankin St 21. Signature of Funarai Sarvice Licenses 22. Nama and Address of Facility Greene Funeral Home Alex, VA 22314 0 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata tritarval Batween Onset and Death **Physician** /Medical Immadiata Cause (Finel diseasa or condition rasulting in deeth) Examiner physician and s the buriel-transit Sequentielly list conditions, if any, leading to Immadiata cause. Enter Underlying Causa (Disaase or Injury that initiated evants rasulting in death) Last Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequence of) 980 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the signed by ti 2 No 3 Probably 4 Unknown 1 Yes by should 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? Completed peed page 2 has 1 Yas PNO 1 ☐ Yas 2 ☐ No certificate To the Hospital or Attending Physician: 'within 24 hours after death.'

To the Funeral Director: After this certifica 25. Was casa rafarred to medical examinar? Be 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4□ Nursing Homa Rasidence 6 □Othar (Specify) 2 1 Yas 2 N funeral 27. Manner of Death 28d. Dascribe how injury occurred 28a. Data of Injury (Month, Day Year) 28b. Tima of Certification: 28c. Injury at Work? 5 Pending 1 ☐ Yas 2 ☐ No Invastigation 2 Accident 6 Could not be datamined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) lo by 4 Homicide 1 Colifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and of cortifier 29c. Licensa number 29d. Data signad (Month, Day, Year) of person who complated cause of deeth (Item 23e) (Type, Print) 701 chingsTo 31. Data filed (Month. State

DHMH 16 Rev 6/95

Registrar

JUL **23**-1996

State of Maryland / Department of Health and Mental Hygiene

23995 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Death 3. Time of Death **Physician** Month Lillian Rhoda July 22, 1996 10:40 AM /Medicai 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Deeth Examiner 5440 Solomons Island Road Huntingtown Calvert | Months | Days | Hours | Min. | 8. Date of Birth (Month, Dey, Ye June 13, 5. Social Security Number 7. Aga (In yrs. lest birthday) **Funeral** Birthpiece (Stete or Foreign Country) 1 □ M 2 M F 216-38-5671 80 Yrs. Director 1916 Washington, DC Usuel Residance of Decedent the Maryland 10e Stete 10b County 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at Director 1 ☐ Yas 2X No Calvert Huntingtown 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? filed within 72 hours after death with or items 23a or 5440 Solomons Island Road 20639 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Ricen, atc.) Rece - Amaricen Indien, Black, White, etc. 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ Specify: 3 ☑ Widowed 4 ☐ Divorced natural White Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry pernit. Peges 1 and 2 should be filed withir Department of Hastih and Mental Hygiene. Important: If item 27 is marked other than any injury or other treumatic event. Its Ma Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Own Home altimore, Maryland 17. Fether's Nema (First Middle Last) 18. Mother's Name (First, Middle, Meiden Surnama) Be William Edward Weaver Lillian Т. Mulloy 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) Andrew Guy Gates, Jr. / Son Rt. 4, Box 447, Huntingtown, Maryland 20639 20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Ft. Lincoln Cem. July 25, 1996 Brentwood, Maryland 22. Name and Address of Facility Francis Gasch's Sons Funeral Home, P.A. 21. Signeture of Funerei Service Licensee 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raspiratory errest, shock, or heart failure. List only ona cause on each line. Approximeta Intarval Between Onset end Deeth Physician Right dung /Medical Immediete Ceuse (Final Coorcinen disaese or condition resulting in deeth) **Examiner** Examiner The law requires that the death certificeta be asscuted Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequence of) P.O. Box 68760, Physician/Medicai Due to (or es e consequence of): Pert il. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown Division of Vital Records, à Completed 24b. Wera eutopsy findings available prior to completion of cause of deeth? 24e. Was an eutopsy performed? ata has l certificata 1 Yes 2 No Hospital or Attending Physician: Be 25. Wes case believed to medical 26. Place of Deeth (Check optione) 1 Yes 2 No Other: 4 Nursing Homa 6 Residence 8 Other (Specify) 2 As after das. 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Death Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Meturel 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28a. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital of within 24 hours a To the Funeral D 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the best of examinetion end/or invastigetion, in my opinion, deeth occurred et the time, dete and place, and due to the ceuse(s) end menner steted. Medical 29e. Certifier completaly 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Dey, Year) 30. Name end eddress of person who completed causa 31. Dete filed (Month, Day, Year) State

DHMH 16 Rev 6/95

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State Registrar 31. Data filed (Month, Day, Year)

JUL 2 3 1996

3º, Registrar's Signature

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96-3983-033

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 23997

29d. Dete signed (Month, Day, Year)

JULY 18,1996

					Ce	ertificate d	of Death		Reg. No.		20001
Physician		. Decedent's Neme (First, Middle, I	.ast)					2. Dete of De Month	eth	Yeer	3. Time of Death
/Medical		VICTOR	ALA	N		GEC	RGE	JULY	1 7	1996	3:11P.N
Examiner	4	e. Fecility Neme (If not institution, g						or Location of Deeth	4c. County	of Deeth	
		PRINCE GEORGES			11.0		CHEVER			CE G	EORGES
uneral irector		579-80-9320	Sex 10XIM 2□ F	7. Age (In yrs	9 Yrs.	Months Da		lin. (Month, De	th y, Yeer) 8, 1976	9. Birth Coul Wash	plece (Stete or Foreigntry) nington, D.
ž	-	Jsuel Residence of Decedent 0e. Stete 10b. County		10c. C	ity, Town or I	ocation					Od Innida City Limit
f show				1.00.0	.,,						IOd. Inside City Limit 18 Yes 2 □ N
or 28a-f sh be notified Director	1	District of Co. Oe. Street end Number	Lumbia			Washing			40-00-41		
			0 73 #	100		10f. Zip Coo			10g. Citizen of		
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r Items 23a Tiber must Funeral	'	1. Marriad Stetus 1. Never Merried 2. Married	Armed F	orces?	7,5. 13	If Yes, specify C	or Hispenic Origin? Cuben, Mexican, Pu	(Specify Yes or No lerto Rican, etc.)		ck, White,	etc.
0		3 Widowed 4 Divorced	If Yes, G	ive		1 Yes 2 🛛	No Specify:		Specifi	y: R1	lack
		15. Decedent's I		J6163.	16e Dec	edent's Usual Oc	cupation		16h Klad of B		
Siet le	-	(Specify only highest g	rede completed		(Giv	e kind of work do DO NOT use re	one during most of v	working	16b. Kind of B	usiness/in	Justry
nt, the Medical		Elementary/Secondery (0-12)	College	(1-4or 5+)			Care Ai	de	Public	Scho	001
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1 LLL		Johnnie L. Jon	es				Rose			,	
T P		9e. Informent's Name/Reletionship			19h Mai	lina Address /Str		Rurel Route Numbe	or City or Tour	Ctata Tin	Codol
or other traumatic											
other t	2	Rose George - 1	Mother	20b.		osition (Neme of		, #103, W	20c. Location -		
		1X Burial 2 ☐ Cremetion 3		State	cemetery, cre	ematory or other	plece)				
any injury	L	4 ☐ Donation 5 ☐ Other (Special Signature of Funerel Service Lice		Ha		Memorial		7/24/96 HOME, Inc		er, N	laryland
sician edical miner	li	23 Enter the disease, or cornock, or heer failure. List only mmediate Ceuse (Final lisease or condition ssulting In death)	y one ceuse on	eech line.		orguence of):		liec or respiretory er	rest,		Approximete Interval Between Onset and Death
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detached for or Physician	1	ert II. Other eignificant conditions	contributing to d	eath but not res	ulting In the	underlying cause	given in Pert i.		_		the cause of death
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rector, page 2 Be Comp								1) 27 Y	'es 2□No	115	over 2□ No
Be (2	5. Wes case referred to medical exeminer?					26. Plece of D	eath (Check only o	ne)		
5 2		1 XYes 2 No	Hospitel: 1	Inpatient 2 🖸	(ER/Outpetie	nt 3 DOA	Other: 4 Nursing	Home 5 Resid	lenca 6 🗆 Oth	er (Specif)	1)
	27	7. Manner of Deeth 1 □ Netural 5 □ Pending 2 □ Accident investigation	28a. Dete (Mon	of Injury th, Dey Year) 7 - 96	28b. Time of Injury		njury et Vork? Yes 25 No	28d. Describe h			up muck
n by		3 Sulcide 6 Could not be determined	28e. Plece	of Injury - At hing, etc. (Specif	ome, ferm, st	reet, factory, offic	ce	28f. Location (S City or Tow Bright	m, Stete)	er or Rura	I Route Number,
	2	2 X Medical Exa	nyelcian: To the	best of my kno	wledge, deel	h occurred et the	time, dete end ple	ce, and due to the d	euse(s) end me	enner es st	eted
Funeral Dietely filled I	2	9a. Certifier (Check only one) 1 Certifying Pl 2 Medical Exa	miner: On the b	best of my kno	wledge, deel	h occurred et the	time, dete end ple y opinion, deeth oc		euse(s) end me	enner es st and due lo	eted. the cause(s)

31. Dete filed (Month, Dey, Year) State JUL 2 3 1996

29b. Signeture end title of certifier

Purler 111 Penn Street, Baltimore, Maryland 21201

30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

29c. License number

O.C.M.E.

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121.

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** Hyung Sook Holt July 23, 1996 10:30 AM /Medical 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Prince George 13407 Colwyn Road Fort Washington If Under 1 Yeer | If Under 24 Hrs. | Months | Deys | Hours | Min. 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 6. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Months 1 ☐ M 2 😿 F Yrs July 23, 1949 South Korea 47 Director 622 36 7253 Usuei Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Heelth and Maniel Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28e-f show eny injury or other traumatic event, the Medical Examiner must be notified at once. 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Directo Fort Washington Maryland Prince George 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20744 South Korea 13407 Colwyn Road Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11. Meritei Stetus Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indian, Bleck, White, etc. 1 ☐ Yes 2 🛣 No If Yes, Give Yeer or Detes: 1 Never Merried 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No by Specify: 3 ☐ Widowed 4 ☐ Divorced Korean Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Own Home Homemaker 12 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be 2 Kap Jin Woo Ui Soon Wang 19a. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 13407 Colwyn Road, Fort Washington, Maryland 20744 Alphonson Holt, III 20b. Piece of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burlei 2 ☐ Cremetion 3 ☐ Removel from Stete 5 ☐ Other (Specify) Fairfax, Virginia 4 ☐ Donetion Fairfax Memorial Park 21. Signature of Funerel Service Licenses 22. Neme end Address of Facility Demaine Funeral Homes, Inc. Alexandria, Virginia Part 1. Enter the disease, or compilcations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximete intervel Beh Onset end Deeth Physician Breat Carere /Medical immediete Cause (Finel diseese or condition resulting In deeth) Examiner Due to (or as e consequence of) Examiner physician and the burief-tran Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequenca of) Division of Vital Records, P.O. Box 68760, that the deeth certificate be Physician/Medical Due to (or es e consequence of): 98 980 signed by the atte Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Onknown þ 24b. Were autopsy findings evailable prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed page 2 has certificata 1 Yes 2 No 1 ☐ Yes 2 No Hospital or Attanding Physician: 25. Wes case referred to medical examiner? Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpetlent 3 DOA After this 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of 5 Pending 24 hours after deeth. 1 ☐ Yes 2 ☐ No investigetion 2 Accident 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piece of injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical (Check only To the To the 29b, Signature and title of certified 29c. License number 29d. Dete signed (Month, Dey, Year) non who completed ceuse of deeth (item 23e) (Type, Print) nd address of g 8926 WOODYARD RD. Clinton MD HARVY ZIKATZEN

State Registrar 31. Dete filed (Month, Dey, Year)

JUL 3 0

32. Registrar's Signeture
Fulia Davidson-Randase

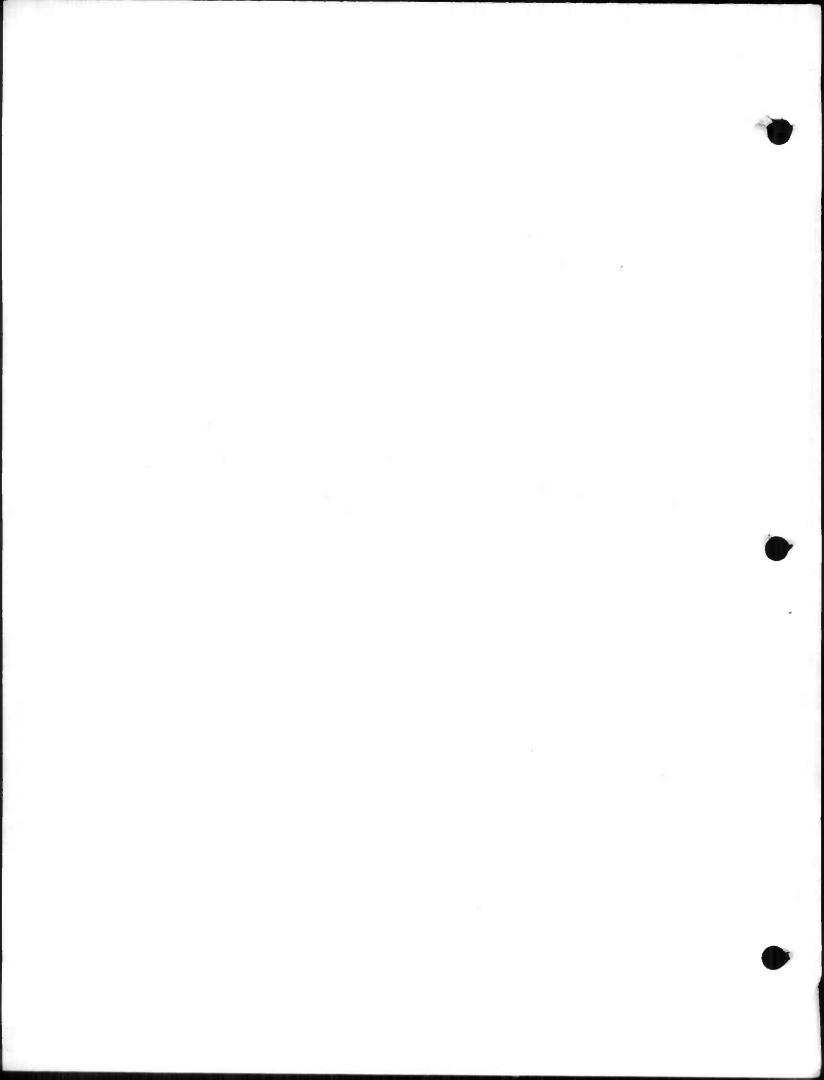
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		. Pages 1, 2, 3 should
020	physician.	burial-transit permit.
ALTIMORE, MARYLAND 21215-0020	by the hospital or attending pl	should be detached for use as the burial-transit permit.
, MAR	be retained by the	age 5 should
ALTIMORE	death. Page 6 may be ret	funeral director, pag

DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IMPORTA
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	be filed wit
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	TO THE FU
or death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 may be retained by the hospi	TO THE HO

	1 - FOR STATE REGISTRAR	TATE OF MARYLA		TMENT OF H		MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	HENDERSON				2. DATE OF DEATH DAY YEAR 3. TIME OF OEATH OWNTH DAY 1996 DOUGH						
		8EX 6. AGE (III	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 4, 19	C	IRTHPLACE (State or Foreign ountry) shington, D.C.					
~	Se. FACILITY NAME (If not institution, give street a			R LOCATION OF DE	ATN	9c. COUNTY OF DEATH						
5	St. Agnes Hospital		Baltim	ore		Baltimore						
ED BY FUNERAL DIRECTOR	Maryland Baltimo			, TOWN OR LOCAT			10d. INS					
	100. STREET AND NUMBER	l C		. ZIP CODE	1	1X YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?						
	715 Maiden Choice			21228		USA						
	1 Never Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	RACE — American Indian, Black, Whita, atc. Specify: White					
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	(Give kind of v	USUAL OCCUPATION		16b. KIND OF BUS	16b. KIND OF BUSINESS/INOUSTRY						
COMPLETED	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	e retired.) es Perso	n	Tobac	Tobacco						
OM	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Malden S								
BE C	Issac Henry Hender		·. ·		stelle Coo							
5	19a. INFORMANT'S NAME (Type/Print) Marlyn Hetrick / D	aughter				Route Number, City or Town Ft. Myers,						
	20a. METNOD OF DISPOSITIO 1 及 Burlet 2 □ Cremation 및 □ Removal	from State 20b.	PLACE AND DATE (OF DISPOSITION (Na	rme of		CATION — City					
	Comparison Com											
	11800 New Hampshire Avenue Silver Spring, Maryland 20904											
6	ART I. Enter the diseases, Complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) But to (or as a consequence of):											
	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes Mellitus 1 yes 2 XNO											
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
	THE PERSON NAMED IN COLUMN TO SECURE OF THE PE	OSPITAL: Inpatient 2 ER/Outp		OTHER:	ne 5 🗆 Residence	6 Other (Specify)						
РНҮ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	JURY AT ORK?	28d. DESCRIBE NOW INJURY OCCURED						
BY	1 Natural 5 Pending 2 Accident Investigation	28s. PLACE OF INJURY — At home, term, atreet, tecto			YES 2 NO	281 I OCATION (Street a	et and Number or Rural Route Number,					
TED	3 Suicide 8 Could not be 4 Nomicide determined	building, atc. (Spec	ify)	eneer, motory, orne		City or Town, State)						
TO BE COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of axemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.											
	29b. SHATURE TO THE OF CERTIFIED B: MIKLINSKA, MI) 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print) BARBARA B: MIKLINSKA, MID 87. AGMES HOSPITAL, 900 CATTON BARBARA B: MIKLINSKA, MID 87. AGMES HOSPITAL, 8 ALTIMORE											
-	BARBARA B'NIKLINSKA, NID ST. AGNES HOSPITAL, 8 ALTINDREE MAD 129											
	31. DATE FILED (Month, Day, Year) JUL 2 9 1996	E FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE										



State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate	of.	Death			Reg. No.				
			1. Decedent's Name (First, Middle, Last)									2. Date of Deeth				
Physicia			TUMBLE AMITTIA HATI									31. 1996		12:24a		
7	→ /Medi Exami		4e. Facility Name (If not institution,						4b. City. To	wn, or Lo	JULY cation of Death					
7	Examil	ilei	THE PERSON OF TH		HOSPI	TAI			LANE					EORGE'S		
		-			Age (In yrs. la:		If Under 1 Y	/eer	If Under		9 Date of Birt					
	Funeral Director		212-14-5436 Usual Residence of Decedent	1₩ 2□F	77	Yrs.		ays	Hours	Min.	8. Date of Birt (Month, Day Aug.]	y, Year) L8,1918	Cour	piace (State or Foreign ntry) Maryland		
	and **	}	10a. State 10b. County		10c. City,	Town or Lo	ocation						1.	10d. Inalde City Limita		
	farylar f ehow	5	MD Desire											1 ☐ Yes 21K No		
21215-0020	he h	Funeral Director	Prin	ce Geo.		Laurel										
	5 8		10e. Street end Number				10f. Zip Code					10g. Citizen of What Country?				
	ath v	Ta .	11406 Forest Lane					20709					U.S.A.			
	ep u	-Pu	11. Marital Status	12. Wes Deceder Armed Force	nt Ever in U,S. s?	. 13.	Was Decedent If Yes, specify	t of H	lispanic Ori en, Mexicar	gin? (Spe	cify Yes or No- Rican, etc.)	- 14. Rec	ce - Americ	can Indien, etc.		
	be filed within 72 hours after death with the Maryland tal Hygiena. d'other than "naturaf", or items 23a or 28a-f ehow event, tra Marical Evantines must be notified at	by	1 ☐ Never Married 28 Married 3 ☐ Widowed 4 ☐ Divorced	1 Tyes 2 I If Yes, Give Year or Date:			1□Yes 2∏		Specify:		, , , , ,	Specif		lack		
	s 1 and 2 should be filed within 72 hours f Health and Mental Hygiena. fem 27 is marked other than "netural", other treumetic event, the Madical Exp	Completed	15. Decedent'a (Specify only highest g	rade completed)		16a. Dece (Give life.	dent's Usuei O kind of work of DO NOT use r	ccup lone etired	ation during mos	t of worki	ng	16b. Kind of B	usiness/in	dustry		
	ould be filed within Mental Hygiena. erked other than	E	Elementary/Secondary (0-12)	College (1-40	or 5+)		comoti					II S	Post	tal Serv		
	the the		17. Father's Name (First, Middle, La	st)		114	201110 6 1					Maiden Sumar		Jar Derv.		
an	ntal od o	Be	Charles W. Ha	•								dersor				
Z	should be filed ind Mental Hygi marked other umatic event, I	L 0														
, Maryland	1 and 2 sho Haalth and em 27 ie me		19a Informant's Name/Relationship Lucille I. Ha)		-					el, MD				
ore	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other th		20a. Method of Disposition		000	ce of Dispo	sition (Name metory or other	of r plac	ce)		Dete	20c. Location	- City or To	own, State		
altimore,	permit. Pages I Department of I Important: If ite any injury or ot once.		1 ⊠ Burial 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spec		Md.		1 Mem			8	/6/96	Laure	1, M	MD		
E	permit. Pa Departmen Important: any Injury		21. Signature of Funeral Service Lic	эрзөө /	1	22	2. Name and A	ddre	sa of Facili	ty						
ä	Depariment Important		SNOWDEN FUNERAL HOME, P.A.													
			On Best Some Wall	10 100	waei		ROCKVI	LI	E, M		20850					
			23a. Part1. Enter the disease, or co shock, or heart failure. List on	y one cause on each	ine.	Do not ent	er the mode o	r ayır	ng, such es	cardiac o	r respiretory er	rest,	1	Approximete Interval Between Onset and Death		
	Physician /Medical Examiner												ŧ	Onset and Death		
4			Immediate Cause (Final disease or condition resulting in death)							2 days						
в		L	Due to (or as a consequence or).								10					
	D #	ine	_	A.	nech	580	coro	gr	2				į	no des		
	ertificate be asscuted ling physician and a as the burial-transit	Examiner	Sequentially list conditions,	0.	Due to (or a	as a consec	quence of):		~							
0	e axe ian a urial-		Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events	5	eme	TIA	5.		V	e M	Ce	mece	141	31 126		
68760,	nta b nysic ha b	edical	that initiated events	C	Due to (or a	s a conseq	uence of):	-		-						
	d ph	Med	Tosaking in doubly basi										1			
Вох		And Muse		d									1			
00	deat d for	Physician	Pert II. Other significant conditions	contributing to death	hut not result	ing in the u	nderlying caus	e alv	en in Pert I		23b Dfd f	lobacco usa co	untribute t	o the cause of death		
0	that the de ed by the datached	hys		-	3	/ /	/	o giv	OIT IIT I ZIT I			Yes 2 No		babiy 4 Unknow		
4	signed b	by P									10	108 202140	3 110	DEDITY 4 DIREITON		
Records,	requires that tha daath c een signed by the attend hould be datached for us		2000								24e Wes	en eutopsy	24b. W	ere eutopsy findings		
Ö	v require been si should	ete	" 455	with	lin	>						rmed?	ev	veileble prior to empletion of cause		
Sec	2 8 5	ld t											of	death?		
al Re		Completed									101	res 2 100	1[☐ Yes 2☐ No		
Vital	Physician: The L this cartificata he ral director, page	Be	25. Was case referred to medical examiner?						26. Place	of Death	(Check only o	ne)				
of \	ysic is ce	0	1 Yes 2 No	Hospital:	atient 2 El	R/Outpatier	nt 3 DOA	Oth	er: 4 Nu	irsing Hor	me 5 🗆 Resid	dence 6 Ott	her (Specia	fy)		
		-	27. Manner of Death	28a. Dete of In (Month, L	njury 2	8b. Time o	f 28c.	Injur Wor	y et	1	28d. Describe t	now Injury occur	rred			
Division		Certification:	1 Natural 5 ☐ Pending 2 ☐ Accident Investigati		Jay / oai/	піјагу	М		Yes 2	No						
Vis.	I or Attendiater death. Director: A Jin by the fu	Iffe	3 ☐ Sulcide 6 ☐ Could not determine	A 200. Place of I	Injury - At hom	e, farm, str	reet, factory, of	ffice		1	28f. Location (S	Street and Num	ber or Run	al Route Number,		
Ö	din afte	ert	4 Hollicide	bullaing,	etc. (Specify)						City or Tou	vn, State)				
	To the Hospital or Attentwithin 24 hours aftar deat To the Funeral Director: complately filled in by tha		29e. Certifier 1 Certifying F	hysicien: To the bes	st of my knowle	edge, deeti	n occurred et t	he tir	ne, date an	d place, a	and due to the	cause(s) and m	anner es s	itated.		
	n 24 n El	edical	one)	miner: On the basis and manner	stated.	n and/or in	vestigation, in	ту о	pinion, dea	tn occurr	ed at the time, t	date end place,	end due te	o the cause(s)		
	To the within 2 To the comple	Σ	29b. Signature and title of certifier				29c. Li	icens	e number			29d. Dete signe	ed (Month,	Dey, Year)		
			may e-	Vala	MATE	5NR	20		0161	97		7.21	411			
1.			30. Neme and address of person wh	completed cause of			4			- 1 1		1,11	Mo			
1			1	VA. MO			- GAT ABA		Goal.	an :	MA L	200.10	8	na pani		
			31. Date filed (Month, Day, Year)		1 4		-UL-ABA	~ / ^	- DAG	JUE	10.	1 1211	4	w /C (C)		
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